2005 FOR PROFIT CORPORATION

FILED AM

| ANNUAL REPORT | | | | Apr 28, 2005 08:00 A | | | |
|--|--|--|----------------------------|---------------------------|---|--|--|
| 1. Entity Nam | | | | Sec | cretary of State | | |
| THE LEN | IDING CENTER, INC. | | | | | | |
| 700 W HILLS BLDG. 1, SUI | SBORO BLVD 7 ITE 204 E | ailing Address 00 W HILLSBORO BLVD. ILDG. 1, SUITE 204 BERFIELD BEACH, FL 33441 | | | . 1210 | II DDNO NGN DONA NON DIDON NGKOD N | |
| | | The second secon | | 1 112-11-11 | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 04192005 4. FEI Number | No Chg-P | CR2E034 (10/03) Applied For | |
| | | | | 65-048 5. Certificate | 2573 of Status Desired | Not Applicable \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current Regis | tered Agent | | | The Total Table 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | ~ · · · · · · · · · · · · · · · · · · · | |
| HENSCHEL, JEFFREY M 700 W. HILLSBORO BLVD., SUITE 204 | | | | | NOT W | <u> </u> | |
| BLDG 1, SUITE 204_ DEERFIELD BEACH, FL 33441 | | | | IN 7 | THIS SF | PACE | |
| | named entity submits this stalement for the patient of registered agent, | ourpose of changing its register | ed office or register | ed agent, or bo | th, in the State of Flo | orida. I am familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and little | If applicable (NOTE Registere | d Agent signature required | when feinstating) | | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | .00 May Be ed to Fees | | | |
| 10. | OFFICERS AND DIRE | CTORS | | Mar vida, r | e services and | | |
| TITLE | P HENSCHEL, NEAL | | | | | | |
| STREET ADDRESS | 5834 NW 26TH COURT | • | | | | | |
| CITY+ST-ZIP | BOCA RATON, FL | | | | HÖDDAG | ".""It "io "ott" o | |
| TITLE | S HENSCHEL, JEFFREY M | | | - - | 04728705-8 | 39935 <i>7</i> 30073-009 150.00 | |
| STREET ADDRESS | 700 W HILLSBORO BLVD B1 SUITE | 204 |] | | | CASC 1.00, 100 | |
| CITY-\$1-ZIP | DEERFIELD BEACH, FL 33441 | | | = == | | | |
| TITLE NAME | | | | | <u>-</u> | | |
| STREET ADDRESS | | | | DO | NOT W | DITE | |
| CITY-ST-ZIP | | | . | | | | |
| TITLE NAME | | | | IN . | THIS SF | PACE | |
| STREET ADDRESS | | | 1 | | | | |
| CITY-ST-ZIP | | | 4 | | | | |
| TITLE | | | J | | *. | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 4 | | | | |
| TITLE NAME | | | | | | - - | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEFFREY M. HENSCHEL, PRESIDENT

(800)