

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000002806

FILED
Sep 15, 2009
Secretary of State**Entity Name:** PROVIDENCE FINANCIAL GROUP, INC.**Current Principal Place of Business:**3440 HOLLYWOOD BLVD.
STE. 415
HOLLYWOOD, FL 33021 US**New Principal Place of Business:**2750 DOBBIN DR
ORLANDO, FL 32817 US**Current Mailing Address:**3440 HOLLYWOOD BLVD.
STE. 415
HOLLYWOOD, FL 33021 US**New Mailing Address:**2750 DOBBIN DR
ORLANDO, FL 32817 US**FEI Number:** 27-0154019**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**INCorp SERVICE
117 E. AMELIA ST
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRITTENDEN, STEVEN
Address: 3440 HOLLYWOOD BLVD., STE. 415
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP () Delete
Name: GARRETT, RICKY
Address: 700 S. FLOWER ST., STE. 1100
City-St-Zip: LOS ANGELES, CA 90017 US

Title: D (X) Delete
Name: WELLMAN FUNDING
Address: 700 S. FLOWER ST., STE. 1100
City-St-Zip: LOS ANGELES, CA 90017 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODRIGUEZ, MERCEDES
Address: 2750 DOBBIN DR
City-St-Zip: ORLANDO, FL 32817 US

Title: D (X) Change () Addition
Name: EQUINOX
Address: 3440 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EQUINOX

D

09/15/2009

Electronic Signature of Signing Officer or Director

Date