

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088924

FILED
Apr 25, 2009
Secretary of State

Entity Name: CONSUMER LOAN SERVICING, INC.

Current Principal Place of Business:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0790361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADAN, NORMAN
2215 NW 36 ST
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

GAMWELL, TIM
2215 NW 36 ST
MIAMI, FL 33142 US

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: TIM GAMWELL

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: GAMWELL, TIM
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: DURHAM, MARIE
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: P () Delete
Name: BETTELLI, RICK
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33149

Title: C () Delete
Name: MADAN, NORMAN
Address: 2215 NW 36 ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSV (X) Change () Addition
Name: GAMWELL, TIM
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: TSD (X) Change () Addition
Name: DURHAM, MARIE
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: PD (X) Change () Addition
Name: BETTELLI, RICK
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33149

Title: V (X) Change () Addition
Name: DUARTE, ROXANA
Address: 2215 NW 36 ST
City-St-Zip: MIAMI, FL 33142

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: TIM GAMWELL

S

04/25/2009

Electronic Signature of Signing Officer or Director

Date