


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005389

1. Entity Name
LENDARM, INC.



Principal Place of Business Mailing Address

9425 STENTON AVE., SUITE 108 **9425 STENTON AVE., SUITE 108**
ERDENHEIM, PA 19058 **ERDENHEIM, PA 19058**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
54-2158892 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000503092
 04/26/06-80017-023 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MILLER, KATHERINE 9425 STENTON AVE., SUITE 108 ERDENHEIM, PA 19058
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: K Miller **KATHERINE M. MILLER** 4-10-2006 215-902-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #