


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90040 001 ***300.00

DOCUMENT # F95000000187

1. Entity Name
MIDCOAST CREDIT CORP.



Principal Place of Business 1926 TENTH AVE N, 4TH FL 400 LAKE WORTH, FL 33461 US	Mailing Address 1926 TENTH AVE N, 4TH FL 400 LAKE WORTH, FL 33461 US
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66405218



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02022004 Chg-P CR2E034 (10/03)

4. FEI Number 11-1870337	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARRA, OLGA E 1926 TENTH AVE N, 4TH FL 400 LAKE WORTH, FL 33461	7. Name and Address of New Registered Agent Name Michael Bernstein Street Address (P.O. Box Number is Not Acceptable) 1926 Tenth Avenue North Suite 400 City Lake Worth FL Zip Code 33461
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8. 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: *Michael Bernstein* DATE: 03/04/04
Signature, 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERNSTEIN, MICHAEL 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SUZANNE R. PETIPREN 1926 10TH AVENUE NORTH SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAROLYN S SESCO 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNEDY, WILLIAM C 1926 TENTH AVE NORTH STE 400 LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HONORA 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SHAPIRO, STEPHEN J 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARRA, OLGA 1926 TENTH AVE N #400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Michael Bernstein* DATE: 02/02/2004 DAYTIME PHONE #: 561-540-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BERNSTEIN, PRESIDENT