

2007 FOR PROFIT CORPORATION ANNUAL REPORT

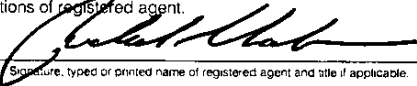
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Apr 09, 2007 8:00 am
Secretary of State

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04052007 Chg-P CR2E034 (12/06)

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|--|--|--|---|--|-------------------|
| DOCUMENT # P93000000168 | | | |  | |
| 1. Entity Name COMMUNITY CREDIT CORPORATION | | | | | |
| Principal Place of Business 4433 10TH AVE NORTH LAKE WORTH, FL 33461 US | | Mailing Address 4433 10TH AVE NORTH LAKE WORTH, FL 33461 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0377829 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MARTIN, ROBERT A 4433 10TH AVE. NORTH LAKE WORTH, FL 33461 | | | Name RICHARD B. MARTIN | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 4433 10TH AVE NORTH | | |
| | | | City LAKE WORTH | | FL Zip Code 33461 |
| 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  | | RICHARD B. MARTIN | | 4/4/2007 | |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | | <small>DATE</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTDS MARTIN, ROBERT A 4433 10TH AVE. NORTH 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 | T MARTIN, RICHARD B 4433 10TH AVE. NORTH LAKE WORTH, FL 33461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D DUNCAN FRASER 4433 10TH AVE NORTH LAKE WORTH, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D CAROLINE O. MARTIN 4433 10TH AVE NORTH LAKE WORTH, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <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 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:  | | ROBERT A. MARTIN 4/4/2007 561-434-6939 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |