


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91028 022 ***158.75

DOCUMENT # 218462	
1. Entity Name CREDIT ADMINISTRATION INC	

Principal Place of Business 2328 HOLLYWOOD BLVD. P.O. BOX 2167 HOLLYWOOD, FL 33020	Mailing Address 2328 HOLLYWOOD BLVD. P.O. BOX 2167 HOLLYWOOD, FL 33020
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2. Principal Place of Business 604 NW 156 Avenue Suite, Apt. #, etc.	3. Mailing Address 604 NW 156 Avenue Suite, Apt. #, etc.
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04182004 Chg-P CR2E034 (10/03)

City & State Pembroke Pines, Florida Zip 33028 Country USA	City & State Pembroke Pines, Florida Zip 33028 Country USA
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4. FEI Number 59-0773609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRAKOWER, ALAN 2328 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
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7. Name and Address of New Registered Agent Name Alan Krakower Street Address (P.O. Box Number is Not Acceptable) 604 NW 156 Ave City Pembroke Pines FL Zip Code 33028
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME KRAKOWER, ALAN <input type="checkbox"/> Delete
STREET ADDRESS 2328 HOLLYWOOD BLVD.	
CITY-ST-ZIP HOLLYWOOD, FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME Alan Krakower <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 604 NW 156 Avenue	
CITY-ST-ZIP Pembroke Pines, FL 33028	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

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:  **ALAN KRAKOWER** 4/19/04 954 443 7424