


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 334571</b> 1. Entity Name RETAIL CREDIT PUBLICATIONS INC	
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Principal Place of Business 2610 RIDGETOP WAY VALRICO, FL 33594	Mailing Address P O BOX 2819 VALRICO, FL 33595
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**DO NOT WRITE IN THIS SPACE**



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3662878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

FEARNOW, SUSAN  
2610 RIDGETOP WAY  
VALRICO, FL 33594

**DO NOT WRITE  
IN THIS SPACE**

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: *Susan Fearnow* *NA* *4/13/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000090868 03/17/04-80036-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FEARNOW, CHRISTOPHER D 2610 RIDGETON WAY VALRICO, FL 33595
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FEARNOW, SUSAN L 2610 RIDGEETON WAY VALRICO, FL 33595
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLWELL, JOHN 2704 CLEVELAND HEIGHT BLVD. BALM, FL 33503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Susan Fearnow* *4/13/04* *813-985-*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #