

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835201

FILED
Apr 21, 2006
Secretary of State

Entity Name: COMPUTER CREDIT, INC.

Current Principal Place of Business:

640 W 4TH ST
WINSTON SALEM, NC 27101 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5238
WINSTON-SALEM, NC 271132238 US

New Mailing Address:

FEI Number: 56-1021667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, GARY S.
BROWARD FINANCIAL CENTER, 17TH FLOOR
500 E. BROWARD BLVD.
FT. LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFTD () Delete
Name: LAKE, J. GILMOUR,
Address: #1 GRAYLYN PL.
City-St-Zip: WINSTON SALEM, NC 27106

Title: VPTS () Delete
Name: MANUEL, RICKIE L
Address: 176 WAYSIDE DR.
City-St-Zip: WINSTON-SALEM, NC 27107

Title: D () Delete
Name: PICKETT, LONDON L
Address: 2805 WESLEYAN LANE
City-St-Zip: WINSTON SALEM, NC 27106

Title: D () Delete
Name: FULTON, PAUL
Address: 1093 F. KENT RD.
City-St-Zip: WINSTON-SALEM, NC 27104

Title: VPS () Delete
Name: JORDAN, CHARLES
Address: 700 LANKASHIRE RD.
City-St-Zip: WINSTON SALEM, NC 27106

Title: P () Delete
Name: BARKSDALE, ELISABETH S
Address: 1065 PHEONIX RISIN LANE
City-St-Zip: GERMANTON, NC 27019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: COFFEY, JEFF
Address: 139 WOODBERRY TRAIL
City-St-Zip: MOCKSVILLE, NC 27028

Title: VP (X) Change () Addition
Name: MANUEL, RICKIE L
Address: 176 WAYSIDE DR.
City-St-Zip: WINSTON-SALEM, NC 27107

Title: VP (X) Change () Addition
Name: CARSON, TY M
Address: 303 BING CROSBY BLVD.
City-St-Zip: BERMUDA RUN, NC 27006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES JORDAN

VPS

04/21/2006

Electronic Signature of Signing Officer or Director

Date