


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90437 024 \*\*\*150.00


**DOCUMENT # F00000002162**

1. Entity Name  
**ECREDIT.COM, INC.**



Principal Place of Business      Mailing Address  
**20 CAREMATRIX DRIVE**      **20 CAREMATRIX DRIVE**  
**DEDHAM, MA 02026**      **DEDHAM, MA 02026**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**04-3204273**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADVANI, KAMAL</b>	
STREET ADDRESS	<b>435 DEVON PK DR, 600 SAFEGUARD BLDG</b>	
CITY-ST-ZIP	<b>BOSTON, MA 02116</b>	
TITLE	<del>CEO</del>	<input type="checkbox"/> Delete
NAME	<b>RICHMOND, CHRISTOPHER</b>	
STREET ADDRESS	<b>20 CAREMATRIX DRIVE</b>	
CITY-ST-ZIP	<b>DEDHAM, MA 02026</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>DICKERSON, JEFFREY</b>	
STREET ADDRESS	<b>20 CARCMATRIX DR.</b>	
CITY-ST-ZIP	<b>DEDHAM, MA 02026</b>	
TITLE	<b>GCS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHMIDT, CHARLES MR.</b>	
STREET ADDRESS	<b>20 CARCMATRIX DR.</b>	
CITY-ST-ZIP	<b>DEDHAM, MA 02026</b>	
TITLE	<b>TRES</b>	<input type="checkbox"/> Delete
NAME	<b>HOBSON, CHRIS</b>	
STREET ADDRESS	<b>20 CARCMATRIX DR.</b>	
CITY-ST-ZIP	<b>DEDHAM, MA 02026</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>advani kamal</b>	
STREET ADDRESS	<b>690 Lee Rd suite 310</b>	
CITY-ST-ZIP	<b>Wayne PA 19087</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>wayne Boulais</b>	
STREET ADDRESS	<b>225 W Washington St suite 1450</b>	
CITY-ST-ZIP	<b>Chicago IL 60606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EUGENE FREEDMAN</b>	
STREET ADDRESS	<b>ONE apple Hill Dr. suite 316</b>	
CITY-ST-ZIP	<b>Watick ma 01760</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carlan Hirsch</b>	
STREET ADDRESS	<b>152 W 57th St 20th Fl.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shamez Kanji</b>	
STREET ADDRESS	<b>10 Post Office Square 11th Fl.</b>	
CITY-ST-ZIP	<b>Boston ma 02109</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       **4/19/06**      **781 752 1433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #