


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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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