

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90047 016 \*\*\*150.00

DOCUMENT # F00000002162			
1. Entity Name ECREDIT.COM, INC.		Principal Place of Business 20 CAREMATRIX DRIVE DEDHAM, MA 02026	
Mailing Address 20 CAREMATRIX DRIVE DEDHAM, MA 02026		2. Principal Place of Business - No P.O. Box # 1 Pine Hill Dr Suite, Apt. #, etc. Batterymarch II Ste 300 City & State Quincy, MA Zip 02169 Country USA	
3. Mailing Address Same as left Suite, Apt. #, etc.		City & State	
4. FEI Number 01292008 Chg-P CR2E034 (12/06) 04-3204273		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE: _____	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHENG, LARRY 82 DEVONSHIRE STREET, E27A BOSTON, MA 02109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ANNE 82 DEVONSHIRE STREET, E27A BOSTON, MA 02109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIN, SCOTT 930 WINTER STREET, SUITE 2500 WALTHAM, MA 02451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SWIFT, JIM 20 CAREMATRIX DRIVE DEDHAM, MA 02026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES HOBSON, CHRIS 20 CAREMATRIX DR. DEDHAM, MA 02026 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MATTHES, JASON 20 CAREMATRIX DR. DEDHAM, MA 02026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.		<p>TREASURER 02/04/08 857 403 1350</p>	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: _____ Daytime Phone #	

ATTACHMENT 40021861

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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Document Number F00000002162

Business Entity Name EREDIT.COM, INC.

FEI Number 04 - 3204273 |

FEI Number Status  Listed Above  Applied For  Not Applicable

Certificate of Status Desired  Yes  No \$8.75 each

Election Campaign Financing Trust Fund Contribution  Yes  No

#### Principal Place of Business

Address 1 Pine Hill Drive (PO Box not acceptable)

Suite, Apt. #, etc. Batterymarch II Suite 300

City, State Quincy, MA

Zip Code & Country 02169

#### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

Mailing address same as principal address

Address 1 Pine Hill Drive

Suite, Apt. #, etc. Batterymarch II Suite 300

City, State Quincy, MA

Zip Code & Country 02169

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

C T CORPORATION SYSTEM

ATTACHMENT 40021861  
# F00000002162

Street Address In Florida 1200 SOUTH PINE ISLAND ROAD (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State PLANTATION, FL  
Zip Code & Country 33324 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.  
**Registered Agent Signature**  
This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address**

**Name And Address #1**

Title D  
Name (Last, First, Middle, Title) CHENG, LARRY  
- OR -

Entity Name to serve as Officer/Director

Street Address 82 DEVONSHIRE STREET, E27A  
City, State BOSTON, MA  
Zip Code & Country 02109

**Name And Address #2**

Title  
Name (Last, First, Middle, Title)  
- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

**Name And Address #3**

Title D

**ATTACHMENT** 40021861  
# F00000002162

Name (Last, First, Middle, Title) TOBIN, SCOTT

- OR -

Entity Name to serve as Officer/Director

Street Address 930 WINTER STREET, SUITE 2500

City, State WALTHAM, MA

Zip Code & Country 02451

**Name And Address #4**

Title CEO

Name (Last, First, Middle, Title) SWIFT, JIM

- OR -

Entity Name to serve as Officer/Director

Street Address 777 Yamato Road, Suite 500

City, State Boca Raton, FL

Zip Code & Country 33431

**Name And Address #5**

Title TRES

Name (Last, First, Middle, Title) DeSisto, Todd

- OR -

Entity Name to serve as Officer/Director

Street Address 1 Pine Hill Drive

City, State Quincy, MA

Zip Code & Country 02169

**Name And Address #6**

Title SEC

Name (Last, First, Middle, Title) MATTHES, JASON

- OR -

Entity Name to serve as Officer/Director

**ATTACHMENT**

40021861  
# F00000002162

**Street Address** 777 Yamato Road, Suite 500  
**City, State** Boca Raton, FL  
**Zip Code & Country** 33431

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

**Title** Tres

**Officer/Director Signature**



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.