2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# F06000002169

Entity Name: CREDIT CONTROL SERVICES, INC.

Current Principal Place of Business:

TWO WELLS AVE.
NEWTON, MA 02459

New Principal Place of Business:

Current Mailing Address:

TWO WELLS AVE.
NEWTON, MA 02459

New Mailing Address:

FEI Number: 04-2481098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORP SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: C ( ) Delete
Name: SANDS, GERALD
Address: TWO WELLS AVE.
City-St-Zip: NEWTON, MA 02459

Title: DP ( ) Delete
Name: SANDS, STEVEN
Address: TWO WELLS AVE.
City-St-Zip: NEWTON, MA 02459

Title: DVT ( ) Delete
Name: SANDS, DAVID
Address: TWO WELLS AVE.
City-St-Zip: NEWTON, MA 02459

Title: S ( ) Delete
Name: RAMSDELL, MARK
Address: TWO WELLS AVE.
City-St-Zip: NEWTON, MA 02459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: STEVEN C HODGE VPF 03/12/2007

Electronic Signature of Signing Officer or Director Date