

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002673

FILED
Mar 26, 2004
Secretary of State

Entity Name: IMMEDIATE CREDIT RECOVERY, INC.

Current Principal Place of Business:

169 MYERS CORNERS RD.
SUITE 110
WAPPINGERS FALLS, NY 12590

New Principal Place of Business:

Current Mailing Address:

169 MYERS CORNERS RD.
SUITE 110
WAPPINGERS FALLS, NY 12590

New Mailing Address:

FEI Number: 13-3587371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISEMAN, STEVEN
834 LANTANA AVE.
CLEARWATER BEACH, FL 34630 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: P () Delete
Name: ROA, EFRAIM
Address: 17 CAROLE PLACE
City-St-Zip: MAHOPAC, NY 10541 US

Title: V () Delete
Name: GODRIDGE, PAUL
Address: 815 TERRACE PLACE
City-St-Zip: CORTLANDT MANOR, NY 10567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: EFRAIM ROA

PRES

03/26/2004

Electronic Signature of Signing Officer or Director

Date