2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# L05000115733

Entity Name: CLINIC CREDIT REPAIR LLC

Current Principal Place of Business:

1400 S OCEAN DR
1702
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1400 S OCEAN DR
1702
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 01-0623868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUTRINI, DANIEL H SR
1400 S OCEAN DR
1702
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

LA ROSA, JORGELINA C
1400 S OCEAN DR
1702
HOLLYWOOD, FL 33019 US

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: JERGELINA LA ROSA 03/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MNG ( ) Delete
Name: CUTRINI, DANIEL H SR
Address: 1400 S OCEAN DR 1702
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: MNG (X) Change ( ) Addition
Name: LA ROSA, JORGELINA C
Address: 1400 S OCEAN DR 1702
City-St-Zip: HOLLYWOOD, FL 33019

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JORGELINA C LA ROSA MNG 03/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date