

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 12, 2007  
Secretary of State**

DOCUMENT# L06000030993

Entity Name: MY CREDIT MEDIC, LLC

**Current Principal Place of Business:**

7765 LAKE WORTH RD  
303  
LAKE WORTH, FL 33464

**New Principal Place of Business:**

**Current Mailing Address:**

7765 LAKE WORTH RD  
303  
LAKE WORTH, FL 33464

**New Mailing Address:**

FEI Number: 20-4556068      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, CHRISTINE  
7765 LAKE WORTH RD  
303  
LAKE WORTH, FL 33467 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, CHRISTINE  
Address: 7765 LAKE WORTH RD #303  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

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 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: CHRISTINE MILLER      MGRM      02/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date