2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068345

Entity Name: CREDIT COACHES LLC

City-St-Zip:

MAITLAND, FL 32751

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 235 S. MAITLAND AVE 235 S. MAITLAND AVE SUITE 218 SUITE 108-A MAITLAND, FL 32751 MAITLAND, FL 32751 **New Mailing Address: Current Mailing Address:** 235 S. MAITLAND AVE 235 S. MAITLAND AVE SUITE 218 SUITE 108-A MAITLAND, FL 32751 MAITLAND, FL 32751 FEI Number: 26-2980765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FULLER, JEFFERY L FULLER, JEFFERY L 235 S. MAITLAND AVE 235 S. MAITLAND AVE SUITE 218 SUITE 108-A MAITLAND, FL 32751 US MAITLAND, FL 32751 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: JEFFERY L. FULLER 05/01/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ADAMS, ROBERT A Name: Name: Address: 235 S. MAITLAND AVE SUTE 218 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FULLER, JEFFERY L Name: Address: 235 S. MAITLAND AVE. SUITE 218 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SORENSEN, JONATHAN Name: Name: 235 S. MAITLAND AVE, SUITE 218 Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JEFFERY L. FULLER MGRM 05/01/2009