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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
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| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only

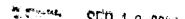


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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|--------------------------------|--|
| SUB | JECT: Global Credit Management, Incorporated |
| | (Name of Corporation) |
| DOG | CUMENT NUMBER: N0200000996 |
| The | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Pleas | se return all correspondence concerning this matter to the following: |
| Eric | ca Franqui, Esq. |
| | (Name of Person) |
| Glo | obal Credit Management, Inc. |
| | (Name of Firm/Company) |
| 231 | 123 State Rd 7, Suite 340 |
| | (Address) |
| Вос | ca Raton, FL 33428 |
| | (City/State and Zip Code) |
| For f | further information concerning this matter, please call: |
| Eric | (Name of Person) at (561) 883-2398 Ext 349 (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Encl | osed is a check for \$35.00 made payable to the Florida Department of State. |
| Ame Divis Clifte 2661 | et Address: Indiment Section Sion of Corporations On Building Executive Center Circle Indiana Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

TO:

, ... OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| , Christopher Boulahanis | 1 1 | President/l | Director | |
|-----------------------------------|--------------------|---------------|-----------------|---------------|
| L, | , hereby resign as | | (Title) | Thomas Market |
| of Global Credit Management, Inc. | | | | CORDE |
| (Name of Corporation | n) | | | ,,- y |
| N0200000996 , a corpor | ation organized ur | nder the laws | of the State of | of |
| Florida . | | | | |
| | | | | |
| | | 7 | | |
| | | | | |

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314