

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003544

FILED
Aug 31, 2005
Secretary of State

Entity Name: THE CREDIT CARE CENTER, INC.

Current Principal Place of Business:

6100 AND ONE HALF 12 AVES
SAINT PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

POB 11254
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 04-3660306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, CONNOUGHT M
5901 CANTON STREET SOUTH
ST. PETERSBURG, FL 33712 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WILLIAMS, CONNOUGHT M
Address: 5901 CANTON STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: P () Delete
Name: GREEN, BEVERLY
Address: 490 GLADE DRIVE
City-St-Zip: LONG POND, PA 18334

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNOUGHT M. WILLIAMS

VP

08/31/2005

Electronic Signature of Signing Officer or Director

Date