


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004824 1. Entity Name PROFESSIONAL CREDIT CONSULTANTS, INC.	
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Principal Place of Business 4699 N. STATE ROAD 7 SUITE D TAMARAC, FL 33319	Mailing Address 4699 N. STATE ROAD 7 SUITE D TAMARAC, FL 33319
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0731977	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRY, SHAWN 4699 N. STATE ROAD 7 SUITE D TAMARAC, FL 33319

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000045677 02/11/04-80072-011 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRY, SHAWN 4699 N. STATE ROAD 7, SUITE D TAMARAC, FL 33319
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-6-04 <small>Date</small>	954 484 4634 <small>Daytime Phone #</small>
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