

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001145

Entity Name: REPAIRING CREDIT, INC.

FILED  
Sep 01, 2006  
Secretary of State

## Current Principal Place of Business:

8569 PINES BLVD  
SUITE 208  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

8569 PINES BLVD  
SUITE 208  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

20295 NW 2ND AVE  
SUITE 110  
MIAMI, FL 33169

## New Mailing Address:

20295 NW 2ND AVE  
SUITE 110  
MIAMI, FL 33169

FEI Number: FEI Number Applied For (X) 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:

AVALON SETTLEMENT & CREDIT REPAIR, INC.  
8569 PINES BLVD  
SUITE 208  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

AVALON SETTLEMENT & CREDIT REPAIR, INC.  
20295 NW 2ND AVE  
SUITE 110  
MIAMI, FL 33169 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: AVALON SETTLEMENT & CREDIT REPAIR, INC.

09/01/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JEROME, SHELLEY M  
Address: 8569 PINES BLVD, SUITE: 205  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP ( ) Delete  
Name: AVALON SETTLEMENT &, CREDIT REPAIR, INC.  
Address: 8569 PINES BLVD, SUITE: 208  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JEROME, SHELLEY M  
Address: 20295 NW 2ND AVE, SUITE: 110  
City-St-Zip: MIAMI, FL 330169

Title: VP (X) Change ( ) Addition  
Name: AVALON SETTLEMENT &, CREDIT REPAIR, INC.  
Address: 20295 NW 2ND AVE SUITE:110  
City-St-Zip: MIAMI, FL 33169

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 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: SHELLEY JEROME

VP

09/01/2006

Electronic Signature of Signing Officer or Director

Date