

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008641

FILED
May 01, 2010
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF RESPONSIBLE CREDIT REPAIR ADVISORS, INC.

Current Principal Place of Business:

7235 US HWY 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

6619 STATE RD 54
NEW PORT RICHEY, FL 34653

Current Mailing Address:

7235 US HWY 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

6619 STATE RD 54
NEW PORT RICHEY, FL 34653

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

CITRON, MICHAEL
7235 US HWY 19
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

CITRON, MICHAEL
6619 STATE RD 54
NEW PORT RICHEY, FL 34653 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

05/01/2010

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CITRON, MICHAEL
Address: 6619 STATE RD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D
Name: LUCE, MICHAEL
Address: 6619 STATE RD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D
Name: CLENDENIN, GARY
Address: 6619 STATE RD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D
Name: COOK, CHRIS
Address: 6619 STATE RD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CITRON

D

05/01/2010

Electronic Signature of Signing Officer or Director

Date