

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060731

FILED
Apr 28, 2005
Secretary of State

Entity Name: MITIGATION CREDIT SALES, INC.

Current Principal Place of Business:

3215 NW 10TH TERRACE
SUITE 209
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3215 NW10TH TERRACE
SUITE 209
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1024246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEDRICK, MICHELE
3215 NW 10TH TERRACE
SUITE 209
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: JOHN, DAVID L
Address: 3215 NW 10TH TERRACE, SUITE 209
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DS () Delete
Name: PLATT, GEORGE I
Address: 3215 NW 10TH TERRACE SUITE 209
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DV () Delete
Name: MILLER, ROBERT H
Address: 3215 NW 10TH TERRACE SUITE 209
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JOHN, DAVID L
Address: 3215 NW 10TH TERRACE, SUITE 209
City-St-Zip: FORT LAUDERDALE, FL 33309

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

SIGNATURE: DAVID LEWIS JOHN

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04/28/2005

Electronic Signature of Signing Officer or Director

Date