FILED **2003 FOR PROFIT CORPORATION** Feb 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR**

P00000105876 DOCUMENT

1. Entity Name



02-27-2003 90176 018 ***150.00

AMERICAN CREDITECH, INC. Principal Place of Business Mailing Address 3511 W COMMERCIAL BLVD. STE 401 3511 W COMMERCIAL BLVD. STE 401 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1055095 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, DIANE Street Address (P.O. Box Number is Not Acceptable) 3511 W COMMERCIAL BLVD, STE 401 FT LAUDERDALE FL 33309 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. П Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition GORDON, DIANE NAME NAME 3511 W COMMERCIAL BLVD, STE 401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Daytime Phone #