

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000072794 1. Entry Name REVOLVING CREDIT SOFTWARE SOLUTIONS, INC.	
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Principal Place of Business 2300 SWEETWATER COUNTRY CLUB PLACE APOPKA, FL 32712	Mailing Address 2300 SWEETWATER COUNTRY CLUB PLACE APOPKA, FL 32712
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01172007 No Cl.g-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0469260	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORNELL, TIMOTHY J 2300 SWEETWATER COUNTRY CLUB PLACE APOPKA, FL 32712
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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 obligation of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

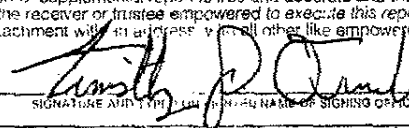
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ORNELL, TIMOTHY J 2300 SWEETWATER COUNTRY CLUB PLACE APOPKA, FL 32712
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01/22/07-80012-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, or in all other like empowerment.

SIGNATURE:  1-17-07 407-880-0431
SIGNATURE AND TYPE OF POSITION OF SIGNING OFFICER OR DIRECTOR Date Filing Phone #