

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90044 024 ***150.00

DOCUMENT # P02000085352
 1. Entity Name
CREDO-IN-GOD, INC.



Principal Place of Business Mailing Address
736 NW 45 STREET **736 NW 45 STREET**
MIAMI FL 33127 **MIAMI FL 33127**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number **42-1546030** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHALLENGER, LISA M
736 NW 45 STREET
MIAMI FL 33127

7. Name and Address of New Registered Agent
 Name **EMMANUEL LAWSON**
 Street Address (P.O. Box Number is Not Acceptable)
736 NW 45 STREET
 City **MIAMI** **FL** Zip Code **33127**

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. **PRESIDENT**
 SIGNATURE **EMMANUEL LAWSON** *E. Lawson* **2-6-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	LAWSON, EMMANUEL
STREET ADDRESS	726 NW 45 STREET
CITY-ST-ZIP	MIAMI FL 33127
TITLE	S <input type="checkbox"/> Delete
NAME	LAWSON, EMMANUEL
STREET ADDRESS	726 NW 45 STREET
CITY-ST-ZIP	MIAMI FL 33127
TITLE	T <input type="checkbox"/> Delete
NAME	LAWSON, EMMANUEL
STREET ADDRESS	726 NW 45 STREET
CITY-ST-ZIP	MIAMI FL 33127
TITLE	VP <input type="checkbox"/> Delete
NAME	CHALLENGER, LISA M
STREET ADDRESS	736 NW 45 STREET
CITY-ST-ZIP	MIAMI FL 33127
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: *E. Lawson* **EMMANUEL LAWSON** **2-6-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #