

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019149

Entity Name: QUALITY CARE CREDIT, INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

10650 HAVERFORD RD #7
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

PO BOX 26032
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 80-0091491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, JIM
10650 HAVERFORD RD STE 7
JACKSONVILLE, FL 32218 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: P () Delete
Name: FIELDS, JIM J
Address: 409 JAX ESTATES DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: V () Delete
Name: FIELDS, YOULONDA
Address: 409 JAX ESTATES DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: LOVINGS, DELISA
Address: PO BOX 26032
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: JIM FIELDS

P

04/11/2006

Electronic Signature of Signing Officer or Director

Date