SEP-05-2006 TUE 11:31 AM TALK AMERICA FAX N(

FILED
Sep 11, 2006 8:00 am
Secretary of State
09-11-2006 90006 004 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000019302

1. Entity Name
CREDIT CONSULTANTS, INC.

40103881

Principal Place of Business
~~11563 NW 2ND STREET~~
PLANTATION, FL 33523

Mailing Address
~~11563 NW 2ND STREET~~
PLANTATION, FL 33523

09052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
8111 NW 106th LANE		8119 NW 106th LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PARKLAND, FL		City & State: PARKLAND, FL	
Zip: 33076	Country: BROWARD	Zip: 33076	Country: BROWARD

4. FEI Number: 03-0506888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUNIN, SIMONA
8119 NW 106TH LANE.
PARKLAND, FL 33076

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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: x [signature] SIMONA BUNIN, PRESIDENT 9/5/6
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
Due by September 6, 2006

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

~~In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.~~

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUNIN, SIMONA 8119 NW 106TH LANE. PARKLAND, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTANZO, SHERENE 11563 NW 2ND STREET PLANTATION, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: x [signature] SIMONA BUNIN 9/5/6 (954) 608-6858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #