

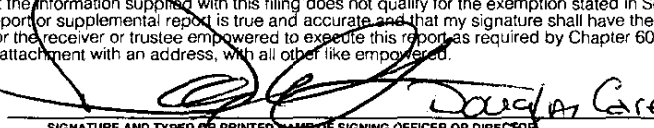


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90020 031 ***150.00

DOCUMENT # P03000076706 1. Entity Name CLEAN CREDIT INSTITUTE, INC.																																																					
Principal Place of Business 6220 S. ORANGE BLOSSOM TRAIL SUITE 511 ORLANDO, FL 32809			Mailing Address 6220 S. ORANGE BLOSSOM TRAIL SUITE 511 ORLANDO, FL 32809																																																		
2. Principal Place of Business 7512 Dr. Phillips Blvd Suite 50 PMB 259 Orlando FL 32819 USA		3. Mailing Address 7512 Dr. Phillips Blvd Suite 50 - PMB 259 Orlando FL 32819 USA																																																			
4. FEI Number 42-1599037		Applied For <input type="checkbox"/> Not Applicable																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05032004 Chg-P CR2E034 (10/03)																																																			
6. Name and Address of Current Registered Agent CAMPBELL, JOHN M 6220 S. ORANGE BLOSSOM TRAIL SUITE 511 ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name Douglas Carey Street Address (P.O. Box Number is Not Acceptable) 6220 Orange Blossom Dr City Orlando FL 32819																																																		
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  (NOTE: Registered Agent signature required when reinstating) DATE 5/1/04																																																					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> President/Director Douglas Carey 6220 Orange Blossom Dr. Orlando FL 32819 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Douglas Carey 6220 Orange Blossom Dr. Orlando FL 32819	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width:30%;"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
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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:  Douglas Carey 5/1/04 407 758 1578 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																					