2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P03000077054 1. Entity Name CARS AND CREDIT, INC.						05-02-2005	90401 013 ***150	0.00
Principal Plac		Mailing Address	an iF					
		6438 E. COLONIAL DR Orlando, Fl 32807						
2. Principal Place of Business		3. Mailing Address 3411 N. HWY. 19A		ł		111 5 101 111 111 111 11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022005	Chg-P	CR2E034 (10/03)	
City & State		City & State MOUNT DORA, FL			4. FEI Number 56-2377			plied For t Applicable
Zip	Country	32757	Country			of Status Desired	\$8.75 Add	
	6. Name and Address of Curren				7. Name and	Address of New F	Registered Agent	
 YILOIRIM, SAVAS				Name SHERRILL HINZ				
6438 E. COLONIAL DRIVE ORLANDO, FL 32807				Address (O Bex Numbe	r is Not Acceptabl	<u>WAY 19A</u>	· · · ·
			City		<u> </u>	<u> </u>	- Zin Code	
The above named entity submits this statement for the purpose of changing its register.				MOUNI DORA FL 32/3/				
	tions of registered agent.		s registered office c	registeri	ed agent, or both), III the State Of Fil	onua. Tam jamiliai with,	and accept
SIGNATURE_	Signature, typed or printed name of registered age	fl and title if applicable (NOT	SHERR TE: Registered Agent signs	LL ture required	HINZ when reinstating)	<u>-</u>	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
		<u> </u>			1			
10.	OFFICERS AN		11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTORS	
10. TITLE NAME	OFFICERS AN P ATES, GELIS	D DIRECTORS Delete	11. TITLE NAME	P	- F S C	FIIS	Change Change	S IN 11
TITLE NAME STREET ADDRESS	P ATES, GELIS 7961 SLOOP PLACE, #208		TITLE NAME STREET ADDRESS	7.A	ES. 6	ER RID	図Change GE DRIVE	
TITLE NAME	P ATES, GELIS		TITLE NAME	7.A	- F S C	ER RID	Machange GE DAIVE 32825 Machange	
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12. Thereby certify that the information supplied with finis fixing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Truther 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: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2005 407-447597