

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043942

FILED
Feb 21, 2008
Secretary of State

Entity Name: THE CREDIT DOCTOR OF AMERICA, INC.

Current Principal Place of Business:

8725 NW 18 TERR
STE. 219
MIAMI, FL 33172 US

New Principal Place of Business:

8501 SW 124 AVENUE
SUITE 202
MIAMI, FL 33183 US

Current Mailing Address:

8725 NW 18 TERR
STE. 219
MIAMI, FL 33172 US

New Mailing Address:

8501 SW 124 AVENUE
SUITE 202
MIAMI, FL 33183 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIBLESZ, SUZETTE
8725 NW 18 TERR
STE. 219
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

SIBLESZ, SUZETTE
8501 SW 124 AVENUE
SUITE 202
MIAMI, FL 33183 US

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: SUZETTE SIBLESZ

02/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIBLESZ, SUZETTE
Address: 8725 NW 18 TERR., STE. 219
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIBLESZ, SUZETTE
Address: 8501 SW 124 AVENUE
City-St-Zip: MIAMI, FL 33183 US

I hereby certify that the information supplied with this filing does not qualify 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: SUZETTE SIBLESZ

PRES

02/21/2008

Electronic Signature of Signing Officer or Director

Date