


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90067 022 \*\*\*150.00

<b>DOCUMENT # P04000049908</b> 1. Entity Name HOUSE OF CREDIT, INC.			
Principal Place of Business 3067 N.W. 72ND AVENUE MARGATE FL 33063		Mailing Address 3067 N.W. 72ND AVENUE MARGATE FL 33063	
2. Principal Place of Business 4975 East Sabal Palm Blvd Suite, Apt. #, etc. #106 City & State TAMARAC FL Zip 33319		3. Mailing Address 4975 East Sabal Palm Blvd Suite, Apt. #, etc. #106 City & State TAMARAC FL Zip 33319	
4. FEI Number 36-4551574		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  LEVINE, IRWIN H 5769 N. ANDREWS WAY FT. LAUDERDALE FL 33309		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	V
NAME	HYMAN, SHELLEY	NAME	Hahn, Lynne
STREET ADDRESS	3067 N.W. 72ND AVENUE	STREET ADDRESS	1161 S.W. 70th Ave
CITY-ST-ZIP	MARGATE FL 33063	CITY-ST-ZIP	Plantation, FL 33317
TITLE	V	TITLE	
NAME	HYMAN, DAVID	NAME	
STREET ADDRESS	3067 N.W. 72ND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Shelley Hyman Shelley Hyman 4-24-05 954-974-5990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #