2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 22, 2006 8:00 am
Secretary of State

04-17-2006 90338 038 ***150.00

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1. Entity Name

NATIONAL CREDIT REPORT CENTER, INC.

Principal Place of Business	Mailing Address
10256 3RD. STREET NORTH # C ST PETERSBURG FL 33716 US	10256 3RD. STREET NORTH # C ST PETERSBURG FL 33716 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
3405-A W TAMPA BAY Blvd.	3405-A W TAMPA BAY BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL 33607	City & State: TAMPA FL.
Zip: 33607 Country: US	Zip: 33607 Country: US

4. FEI Number: 20-259 1004 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, JUAN R
10256 3RD STREET NORTH
C
ST PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name: Alejandro Prieto.
Street Address (P.O. Box Number is Not Acceptable): 3405 TAMPA BAY Bvlo.
City: TAMPA FL Zip Code: 33607

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 [signature] 04/07/06
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
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRIETO, ALEJANDRO J	NAME	
STREET ADDRESS	3405 TAMPA BAY BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 exemptions contained in Section 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: [signature] 04/07/06 (813)3253644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #