## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # P05000122213** 1. Entity Name 04-30-2008 90177 025 \*\*\*150.00 CREDEX CORPORATION Principal Place of Business Mailing Address 3757 S. ATLANTIC AVE **505 E. NEW YORK AVE** (00033102 STE #802 DAYTONA BEACH, FL 32118 DELAND, FL 32724 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 800 NoRTH STATE FERNCREEK AUE 200 NORTH FERNCREFKAN Suite, Apt. #, etc. uite. Apt. #. etc. 04252008 Chg-P CR2E034 (12/06) SUTTE City & State Applied For 4. FEI Number City & State BRLANDO, FL ORLANDO 16-1731286 Not Applicable Zip 2803 Country USA Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES H MAHLER, RICHARD C ESQ Street Address (P.O. Box Number is Not Accepta 800 NoRTH FERNER 100 S BEACH ST STE 204 DAYTONA BEACH, FL 32114 SUITE 7 City ORLANDO Zip Code 32803 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 ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P,D TD ☐ Delete MLE TITLE LEONARDO, DENISE 9266 KEATING DR BASHAW, JAMES H NAME NAME 3757 S. ATLANTIC AVE. # 802 STREET ADDRESS STREET ADDRESS ALAN BRACH GARDENS, FL33410 DAYTONA BEACH SHORES, FL 32118 CITY-ST-ZIP CITY-ST-ZIP SD TITLE TITLE Change Addition Delete MAHLER, RICHARD C NAME NAME 100 S BEACH ST STE 204 STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP TVPD TITLE TITLE Change Addition Detete LEONARDO, DENISE NAME STREET ADORESS STREET ADDRESS 9266 KEATING DR CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ 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 Chapter 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 pame appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

JAMES H, BASHAW

386-589-6278

FILED