

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000128049</b> 1. Entity Name <b>THE CREDIT REPAIR SHOP, INC.</b>					
Principal Place of Business <b>6728 STRAWBERRY LANE JACKSONVILLE, FL 32211</b>			Mailing Address <b>6728 STRAWBERRY LANE JACKSONVILLE, FL 32211</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country <i>Overseas</i>		Zip	
Country		Country		4. FEI Number <b>20-3477342</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DEMAGGIO, NANCY E 6728 STRAWBERRY LANE JACKSONVILLE, FL 32211</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Nancy Demaggio</i> <i>President</i> <i>9-20-06</i> <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 After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEMAGGIO, NANCY</b> <b>6728 STRAWBERRY LANE</b> <b>JACKSONVILLE, FL 32211</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700080192527</b> <b>09/26/06--01071--017 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CRABTREE, MICHAEL P</b> <b>6728 STRAWBERRY LANE</b> <b>JACKSONVILLE, FL 32211</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Susan Massey</b> <b>16007 NW County Road 125</b> <b>LAWTEY FL 32058</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DEMAGGIO, NANCY</b> <b>6728 STRAWBERRY LANE</b> <b>JACKSONVILLE, FL 32211</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nancy Demaggio</i> <i>P.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>9-20-06</i> <i>904-219-8838</i> <small>Date Daytime Phone #</small>		

FILED

06 SEP 27 PM 12:59

SECRET  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2006  
09192006 J CREIN:PL CR2E088 (11/05)

WOP