

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153760

FILED
Apr 13, 2007
Secretary of State

Entity Name: DR. CREDIT USA FRANCHISE CORP.

Current Principal Place of Business:

195 BLANDING BLVD
STE 4A
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

195 BLANDING BLVD
STE 4A
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 43-2116141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD
STE 504
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARLTON, EDWARD
Address: 8863 CANOPY OAKS DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: CARLTON, CHERYLE
Address: 8863 CANOPY OAKS DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CARLTON, DALE
Address: 4253 ROYAL RIDGE DR
City-St-Zip: DALLAS, TX 75229

Title: D () Delete
Name: JONES, WINSLOW
Address: 420 TREASUREWOOD RD
City-St-Zip: GLENVILLE, NC 28736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD CARLTON

MGR

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date