2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P07000090027

Entity Name: SUNSET CREDIT CONSULTANTS, INC.

Current Principal Place of Business:

9425 SUNSET DR.
SUITE 152
MIAMI, FL 33173

New Principal Place of Business:

5835 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

Current Mailing Address:

9425 SUNSET DR.
SUITE 152
MIAMI, FL 33173

New Mailing Address:

5835 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVA, OTTO
9425 SUNSET DR.
SUITE 152
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

OLIVA, OTTO
5835 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126 US

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: 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MEDINA, AGUSTIN
Address: 9425 SUNSET DR., SUITE 152
City-St-Zip: MIAMI, FL 33173

Title: VPD (X) Delete
Name: ORTIZ, JENNIFER
Address: 9425 SUNSET DR., SUITE 152
City-St-Zip: MIAMI, FL 33173

Title: STD (X) Delete
Name: OLIVA, OTTO
Address: 9425 SUNSET DR., SUITE 152
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLIVA, OTTO
Address: 5835 BLUE LAGOON DRIVE #100
City-St-Zip: MIAMI, FL 33126

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 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: OTTO OLIVA P 04/30/2008
Electronic Signature of Signing Officer or Director — Date