2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091093

City-St-Zip:

SAFETY HARBOR, FL 34695 US

Entity Name: STERLING CREDIT REPAIR SERVICES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4613 APPLE RIDGE LANE				3837 NORTHDALE BLVD.			
TAMPA, F	L 33624 US	5		318 TAMPA, FL 33624	US		
Current Mailing Address:				New Mailing Address:			
4613 APPLE RIDGE LANE TAMPA, FL 33624 US				3837 NORTHDALE BLVD. 318 TAMPA, FL 33624 US			
FEI Number:	: 26-0701318	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certific	ate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	EBRA VENUE NORT IARBOR, FL 3						
	named entity s e of Florida.	submits this statement for the p	urpose of	changing its register	ed office or	registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () CALHOUN, BRI 4613 APPLE RI TAMPA, FL 330	IDGE LANE		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () CALHOUN, CHI 4613 APPLE RI TAMPA, FL 330	IDGE LANE		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address:	D () WICKS, DEBRA 623 1ST AVENU			Title: Name: Address:	() Change	() Addition	

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.

City-St-Zip:

SIGNATURE: CHRISTINA CALHOUN D 04/30/2008