2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P07000109646

Entity Name: CREDIT REHAB SOLUTION EXPERTS INCORPORATED

Current Principal Place of Business:

4501 W MCNAB RD
STE #24
POMPANO BEACH, FL 33069

New Principal Place of Business:

2331 N STATE RD 7
211
LAUDERDALE LAKES, FL 33313

Current Mailing Address:

4501 W MCNAB RD
STE #24
POMPANO BEACH, FL 33069

New Mailing Address:

PO BOX 25835
TAMARAC, FL 33320

FEI Number: 26-1190243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINSON, JOHN H
4501 W MCNAB RD
STE #24
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

WILKINSON, JOHN H
2331 N STATE RD 7
211
LAUDERDALE LAKES, FL 33313 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: JOHN WILKINSON 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILKINSON, JOHN H
Address: 4501 W MCNAB RD
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP (X) Delete
Name: AGUERO, NAIROBI A
Address: 6301 N UNIVERSITY DRIVE #106
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILKINSON, JOHN H
Address: PO BOX 25835
City-St-Zip: TAMARAC, FL 33320

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: JOHN WILKINSON MR 04/29/2008
Electronic Signature of Signing Officer or Director Date