

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129649

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: FINANCIAL CREDIT RESTORATION ASSOCIATES, INC

## Current Principal Place of Business:

50 CANTERBURY WOODS  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

50 CANTERBURY WOODS  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

FEI Number: 20-1521737      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FINANCING FOR LIFE, INC  
50 CANTERBURY WOODS  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

KELLERMANN-SWANSKI, KAREN M MANAGER  
50 CANTERBURY WOODS  
ORMOND BEACH, FL 32174 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: KAREN M KELLERMANN-SWANSKI

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FINANCING FOR LIFE, INC  
Address: 50 CANTERBURY WOODS  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP ( ) Delete  
Name: EMERALD PROCESSING, INC  
Address: 50 CANTERBURY WOODS  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ST ( ) Delete  
Name: COMMERCIAL FINANCING, & PLANNING  
Address: 50 CANTERBURY WOODS  
City-St-Zip: ORMOND BEACH, FL 32174 FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KELLERMANN-SWANSKI, KAREN M MANAGER  
Address: 50 CANTERBURY WOODS  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: KAREN M KELLERMANN-SWANSKI

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date