

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061104

FILED
Jan 28, 2009
Secretary of State

Entity Name: AMALGAMATED CREDIT RESOLUTIONS, INC.

Current Principal Place of Business:

230 LA COSTA WAY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

PO BOX 266863
WESTON, FL 332636863

New Mailing Address:

FEI Number: 36-4636297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, SONIA
5950 W OAKLAND PARK BLVD
SUITE 309
LAUDERHILL, FL 33313 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: P () Delete
Name: STEWART, NEVILLE CEO
Address: 5950 W OAKLAND PARK BLVD, SUITE 309
City-St-Zip: LAUDERHILL, FL 33313

Title: VPS (X) Delete
Name: STEWART, SONIA
Address: 5950 W OAKLAND PARK BLVD, SUITE 309
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEWART, SONIA CEO/S
Address: 230 LA COSTA WAY
City-St-Zip: WESTON, FL 33326

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: SONIA STEWART

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date