2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P9300000168

Entity Name: COMMUNITY CREDIT CORPORATION

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
4433 10TH AVE NORTH LAKE WORTH, FL 33461	US			
Current Mailing Address	::	New Mailing Address:		
4433 10TH AVE NORTH LAKE WORTH, FL 33461	US			
FEI Number: 65-0377829	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of I	Name and Address of New Registered Agent:	
MARTIN, RICHARD B 4433 10TH AVE. NORTH LAKE WORTH, FL 33461	US	MARTIN, ROBERT A 4433 10TH AVE. NORTH LAKE WORTH, FL 3346		
The above named entity suin the State of Florida.	ubmits this statement for the p	urpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: ROBERT	A MARTIN		04/14/2009	
Electronic	Signature of Registered Age	ent	Date	

OFFICERS AND DIRECTORS:

Election Campaign Financing Trust Fund Contribution ().

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PTDS () Delete	Title:	PDS (X) Change () Addition
Name:	MARTIN, ROBERT A	Name:	MARTIN, ROBERT A
Address:	4433 10TH AVE. NORTH	Address:	4433 10TH AVE. NORTH
City-St-Zip:	LAKE WORTH, FL 33461	City-St-Zip:	LAKE WORTH, FL 33461
Title:	VD () Delete	Title:	VD (X) Change () Addition
Name:	MARTIN, RICHARD B	Name:	MARTIN, CAROLINE O
Address:	4433 10TH AVE. NORTH	Address:	4433 10TH AVE NORTH
City-St-Zip:	LAKE WORTH, FL 33461	City-St-Zip:	LAKE WORTH, FL 33461
Title:	TD () Delete	Title:	()Change()Addition
Name:	FRASER, DUNCAN	Name:	
Address:	4433 10TH AVE NORTH	Address:	
City-St-Zip:	LAKE WORTH, FL 33461	City-St-Zip:	
Title:	VD (X) Delete	Title:	()Change ()Addition
Name:	MARTIN, CAROLINE O	Name:	
Address:	4433 10TH AVE NORTH	Address:	
City-St-Zip:	LAKE WORTH, FL 33461	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: ROBERT A MARTIN PDS 04/14/2009