FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Amended

FILED
99 MAY 10 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005293

1. Corporation Name
CREDIT INTERNET CORPORATION

Principal Place of Business
1167 WYETH DR
NOKOMIS, FL 34275

Mailing Address
P.O. BOX 1272
NOKOMIS, FL 34274

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1997

4. FEI Number
65-0729292
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
WOLFE, LARRY
200-A JOHN KNOX RD
TALLAHASSEE, FL 32303-6643

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature: typed or printed name of registered agent and title if applicable (NOTE: Only for Amendments or Changes) DATE

12. OFFICERS AND DIRECTORS

TITLE President / Secretary [ ] DELETE
NAME JENNIFER FORNEY
STREET ADDRESS 1167 Wyeth Dr
CITY-ST-ZIP nokomis, FL 34275

TITLE Vice President [ ] DELETE
NAME WILLIAM MORENO
STREET ADDRESS 1139 BAL HARBOR #173
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Add
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE [ ] Change [ ] Add
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

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31 TITLE [ ] Change [ ] Add
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Add
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Add
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Add
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing, and upon payment of fees, is true and accurate. I further certify that I am a duly elected officer or director of the corporation or the receiver or business representative of the corporation, and that I am familiar with the contents of this report and the provisions of Chapter 607, Florida Statutes, and that I am an officer or director of the corporation or the receiver or business representative of the corporation. I further certify that the information indicated on this annual report or supplemental report of Florida Profit Corporation and Business Corporations to be filed with this report is true and accurate