

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36391

FILED
May 03, 2006
Secretary of State

Entity Name: CHRISTIAN CREDIT COUNSELORS, INC.

Current Principal Place of Business:

5838 EDISON PL
200
CARLSBAD, CA 92008

New Principal Place of Business:

8475 SO. EASTERN AVENUE
102
LAS VEGAS, NV 89123

Current Mailing Address:

5838 EDISON PLACE
STE 200
CARLSBAD, CA 92008

New Mailing Address:

8475 SO. EASTERN AVENUE
102
LAS VEGAS, NV 89123

FEI Number: 59-2991517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCTAGGART, SONIA J
2821 ROUDABOUT LANE
ORLANDO, FL 32818 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCTAGGART, EDWARD J.
Address: P.O. BOX 129
City-St-Zip: RANCHO SANTA FE, CA 92067

Title: D () Delete
Name: MCTAGGART, SONIA J.
Address: 2821 ROUNDABOUT LANE
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: RUBENSTEIN, LAVERNE
Address: 1287 PRINCE COURT
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: RUBENSTEIN, STUART
Address: 1287 PRINCE CT
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARSARAN, BARRY
Address: 644 LINN STREET
City-St-Zip: CINCINNATI, OH 45203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RUBENSTEIN, STUART
Address: 1287 PRINCE CT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Change (X) Addition
Name: LENZ, HERBERT J
Address: 589 SABAL LAKE DR
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA J. MCTAGGART

D

05/03/2006

Electronic Signature of Signing Officer or Director

_____ Date