


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000057169

1. Entity Name
CLASSCREDIT, INC.



Principal Place of Business 121 S 13TH STREET SUITE 201 LINCOLN, NE 68505	Mailing Address 121 S 13TH STREET STE 201 LINCOLN, NE 68508
---	---



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
--	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNLAP, MICHAEL 121 S 13TH ST STE 201 LINCOLN, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, EDWARD P 3015 S PARKER RD STE 400 AURORA, CO 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEIMES, TERRY 121 S 13TH STREET, SUITE 201 LINCOLN, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTERFIELD, STEPHEN 6991 E CAMELBACK RD, STE B290 SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRUGER, JAMES 121 S 13TH STREET, STE 201 LINCOLN, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNN, WILLIAM 3015 PARKER ROAD, STE 400 AURORA, CO 80014

U00000454568
 03/15/06-80020-022 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-15-2006** **402-458-2303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #