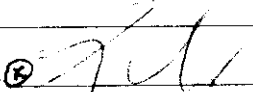
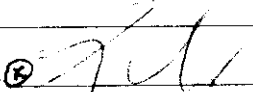
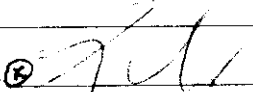


<b>No. C 139641</b>	<b>Due no later than June 30, 2004</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  CT CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  IMMEDIATE CREDIT RECOVERY, INC. 169 MYERS CORNERS RD STE 110 WAPPINGERS FALLS, NY 12590	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.
 

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	EFRAIN ROA	169 MYERS CORNERS RD	WAPPINGERS FALLS	NY	12590
VP, SECRETARY	PAUL	169 MYERS CORNERS RD	WAPPINGERS	NY	12590
TREASURER	GODRIDGE		FALLS		

5. Organized Under the Laws of:  NEW YORK C 139641	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">           Signature  </td> <td style="width: 40%;">           Date <u>06/01/2004</u> </td> </tr> <tr> <td>           Name <small>(Typed or Printed)</small> <u>EFRAIN ROA</u> </td> <td>           Title <u>PRESIDENT</u> </td> </tr> </table>	Signature 	Date <u>06/01/2004</u>	Name <small>(Typed or Printed)</small> <u>EFRAIN ROA</u>	Title <u>PRESIDENT</u>
Signature 	Date <u>06/01/2004</u>				
Name <small>(Typed or Printed)</small> <u>EFRAIN ROA</u>	Title <u>PRESIDENT</u>				