No. <b>C 139641</b>		Due no la	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  IMMEDIATE CREDIT RECOVERY, INC.  DEBRA FLORIO  169 MYERS CORNERS ROAD  SUITE 110  WAPPINGERS FALLS NY 12590  USA					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	ames and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer (	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	EFRAIM ROA		169 MYERS CORNERS ROAD	WAPPINGERS FALLS	NY	USA	12590
PRESIDENT	T FELIPE YANES		1800 SANDY PLAINS PKWY SUITE 310	MARIETTA	GA	USA	30066
5. Organized Under the Laws of:		6. Annual Report must I	pe signed.*				
NY C 139641		Signature: Efraim Roa		Date: 06/02/2013			
		Name (type or print): Efraim Roa		Title: Ceo			
Processed 06/02/2013		* Electronically provided	signatures are accepted as original sign	atures.			