No. C 139641 Du		ter than Jun 30, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to:		al Report Form	CT CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	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 Names and Bu	iness Addresses of Presiden	t, Secretary, and Directors. Treasurer (optional).			
Office Held Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR EFRAIM F	RECTOR EFRAIM ROA		WAPPINGERS FALLS	NY	USA	12590
PRESIDENT FELIPE YA	NES	1800 SANDY PLAINS PKWY SUITE 310	MARIETTA	GA	USA	30066
5. Organized Under the Laws of: 6. Annual Report must be		e signed.*				
NY Signature: Efrai C 139641 Name (type or p		Roa Date: 06/10/2011				
		t): Efraim Roa Title: Ceo				
Processed 06/10/2011	* Electronically provided signatures are accepted as original signatures.					