



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90010 034 ***150.00

DOCUMENT # 480568 1. Entity Name CREDITAMERICA, INC.					
Principal Place of Business C/O DOUGLAS BENA 3 APPLE ORCHARD LN BEDFORD, NY 10506			Mailing Address C/O DOUGLAS BENA 3 APPLE ORCHARD LN BEDFORD, NY 10506		
2. Principal Place of Business 33 TWIN LAKE N. Suite, Apt. #, etc.		3. Mailing Address 40 Douglas BENA Suite, Apt. #, etc.			
City & State WANTON N. MY		City & State WANTON N. NY		4. FEI Number 59-1618654	
Zip 11793		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAENA, SCOTT L P.A. 200 S BISCAYNE BLVD. 25TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAENA, DOUGLAS W. 7308 PINE FOREST CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 CHARLOTTE AVE HICKSVILLE, NY 11801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAENA, ROSE 7308 PINE FOREST CIR. LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DOUGLAS W. BAENA, II 120 CHARLOTTE AVE HICKSVILLE, NY 11801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/12/2004 Daytime Phone # 919 9525374		