



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90174 021 \*\*\*150.00

<b>DOCUMENT # 528731</b> 1. Entity Name <b>CREDIT DATA SERVICES, INC.</b>					
Principal Place of Business <b>1901 S HARBOR CITY BLVD SUITE 400 MELBOURNE, FL 32901 US</b>			Mailing Address <b>1901 S HARBOR CITY BLVD SUITE 400 MELBOURNE, FL 32901 US</b>		
2. Principal Place of Business <b>100 Rialto Place</b> Suite, Apt. #, etc. <b>Suite 815</b>		3. Mailing Address <b>PO BOX 1160</b> Suite, Apt. #, etc.			
City & State <b>Melbourne</b>		City & State <b>Melbourne, FL 32902</b>		4. FEI Number <b>59-1724334</b>	
Zip <b>FL</b>		Country <b>BREVARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32901</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRACKETT, ROBERT A 1901 S HARBOR CITY BLVD SUITE 400 MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent Name <b>Brackett, Robert A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Rialto Place, Suite 815</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32901</b>	
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRACKETT, ROBERT L</b> <b>2066 14TH AVE.</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAFFIOT, ROBERT</b> <b>8 RIVER RIDGE DR</b> <b>ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HANENBURG, DONALD T</b> <b>1901 S HARBOR CITY BLVD STE 400</b> <b>MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRACKETT, ROBERT A</b> <b>2066 14TH AVENUE</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CHAFFIOT, MARK</b> <b>1802 S FISKE BLVD., STE. 101</b> <b>ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Hanenburg, Donald T.</b> <b>100 Rialto Place, Suite 815</b> <b>Melbourne, FL 32901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Temple, Robb</b> <b>100 Rialto Place, Suite 815</b> <b>Melbourne, FL 32901</b>	<input type="checkbox"/> Change <input checked="" 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 all other like empowered.					
<b>SIGNATURE:</b> _____ <b>Robert A. Brackett</b> <b>3/4/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					