
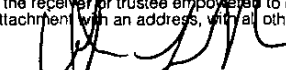


**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

50011371

<b>DOCUMENT # F02000001592</b>		02-07-2005 90095 030 ***150.00	
1. Entity Name <b>ACTIVE CREDIT SERVICES, INC.</b>			
Principal Place of Business <b>6443 S W BEAVERTON-HILLSDALE HWY #432 PORTLAND, OR 97221</b>		Mailing Address <b>PO BOX 80370 PORTLAND, OR 97280-1370</b>	
2. Principal Place of Business <b>10501 SE Main St #200</b>		3. Mailing Address <b>PO Box 22329</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Milwaukie OR</b>		City & State <b>Portland OR</b>	
Zip <b>97222</b>		Country <b>US</b>	
4. FEI Number <b>91-1828637</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>		Zip Code <b>97222</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DP SAMOJLOVSKI, GORAN 6443 S W BEAVERTON-HILLSDALE HWY #432 PORTLAND, OR 97221		President Samojlovski, Goran 10501 SE Main St #200 Milwaukie OR 97222	
VP CLARK, GARY 6443 S W BEAVERTON-HILLSDALE HWY #432 PORTLAND, OR 97221		V-President Gary L Clark 10501 SE Main St #200 Milwaukie OR 97222	
ST OLIVER, TRACY 6443 S W BEAVERTON-HILLSDALE HWY #432 PORTLAND, OR 97221		Secretary/Treasurer Tracy Oliver 10501 SE Main St #200 Milwaukie OR 97222	
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.			
SIGNATURE:  <b>Goran Samojlovski</b> 4-31-05 503 292-2077			