

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90041 042 \*\*\*\*61.25

<b>DOCUMENT # F03000004170</b>					
<b>1. Entity Name</b> CREDIT FOUNDATION OF AMERICA, CORP.					
<b>Principal Place of Business</b> 23101 LAKE CENTER DRIVE, SUITE 110 LAKE FOREST, CA 92618			<b>Mailing Address</b> 23101 LAKE CENTER DRIVE, SUITE 110 LAKE FOREST, CA 92618		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 26-0060880	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE, FL 32302			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C <b>NAME</b> CARA, TONY <b>STREET ADDRESS</b> 9501 JERONIMO RD, STE 120 <b>CITY-ST-ZIP</b> IRVINE, CA 92618	<input type="checkbox"/> Delete		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 23101 LAKE CENTER DR, STE 110 <b>CITY-ST-ZIP</b> LAKE FOREST, CA 92630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> MORRIS, GERALD <b>STREET ADDRESS</b> 9501 JERONIMO RD, STE 120 <b>CITY-ST-ZIP</b> IRVINE, CA 92618	<input type="checkbox"/> Delete		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 23101 LAKE CENTER DR, STE 110 <b>CITY-ST-ZIP</b> LAKE FOREST, CA 92630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <del>D</del> <b>NAME</b> <del>GORDON, DON</del> <b>STREET ADDRESS</b> <del>9501 JERONIMO RD, STE 120</del> <b>CITY-ST-ZIP</b> <del>IRVINE, CA 92618</del>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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>					
<b>SIGNATURE:</b> <i>Gerald D Morris</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
Date			Daytime Phone #		