2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000094

Entity Name: CREDIT PLUS SOLUTIONS GROUP, INC.

FILED Mar 04, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2491 PAXTON STREET HARRISBURG, PA 171067102				2491 PAXTON STREET HARRISBURG, PA 17111		
Current Mailing Address:			New Mai	New Mailing Address:		
P.O. BOX (HARRISBL	67533 JRG, PA 1710	67533				
FEI Number:	: 23-0675180	FEI Number Applied For ()	FEI Number Not Ap	oplicable () Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name an	nd Address of New Registered Agent:		
1200 SOU ⁻	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD				
	named entity s of Florida.	submits this statement for the pu	rpose of changing	g its registered office or registered agent, or both,		
SIGNATUF						
		ic Signature of Registered Agen	t	Date		
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITIO	DNS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () WOZNIEWICZ, 501 BRENNEM LEWISBERRY,	AN DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	C () KEYS, DEBOR 737 COUNTRY CAMP HILL, PA	CLUD R	Title: Name: Address: City-St-Zip:	C (X) Change () Addition KEYS, DEBORAH B 737 COUNTRY CLUB RD CAMP HILL, PA 17011		
Fitle: Name: Address: City-St-Zip:	ALFORD, BRIG 510 THIRD ST	Delete ID LAND, PA 17070	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D () BRENNER, MIC 1709 DEVONSI DRESHER, PA	HIRE RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () WAGNER, GRE HARNISH ST PALMYRA, PA		Title: Name: Address: City-St-Zip:	T (X) Change () Addition WAGNER, GREGORY 931 HARNISH ST : PALMYRA, PA 17078		
Title: Name: Address: City-St-Zip:	D () HALL, ROBERT 120 RODNEY L CAMP HILL, PA	N	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R. WOZNIEWICZ PRES 03/04/2005