

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2004 8:00 am
Secretary of State**

04-30-2004 90228 023 ***150.00

DOCUMENT # P01000041523

1. Entity Name
CREDIT SAVERS USA INC.



Principal Place of Business
**7661 LAKE WORTH ROAD
LAKE WORTH, FL 33467**

Mailing Address

**7661 LAKE WORTH ROAD
LAKE WORTH, FL 33467**



2. Principal Place of Business
7661 LAKE WORTH RD

3. Mailing Address
7765 LAKE WORTH RD

Suite, Apt. #, etc.
316

Suite, Apt. #, etc.
316

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip
33467

Country
PALM BEACH

Zip
33467

Country
PALM BEACH

04292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**RATFIELD, LOUIS W
7661 LAKE WORTH ROAD
LAKE WORTH, FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)
7765 LAKE WORTH RD # 316

City
LAKE WORTH

FL Zip Code
33467

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:

4-29-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

Delete
**PD
SOTO, PHILLIP
7661 LAKE WORTH ROAD
LAKE WORTH, FL 33467**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
**P, VP
LOUIS W. RATFIELD
7765 LAKE WORTH RD # 316
LAKE WORTH, FL 33467**

Delete

Change 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.

SIGNATURE:

4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #