



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90228 023 \*\*\*150.00

<b>DOCUMENT # P01000041523</b> 1. Entity Name <b>CREDIT SAVERS USA INC.</b>					
Principal Place of Business <b>7661 LAKE WORTH ROAD LAKE WORTH, FL 33467</b>				Mailing Address <b>7661 LAKE WORTH ROAD LAKE WORTH, FL 33467</b>	
2. Principal Place of Business <b>6801 LAKE WORTH RD Suite, Apt. #, etc. # 325</b>		3. Mailing Address <b>7765 LAKE WORTH RD Suite, Apt. #, etc. # 316</b>			
City & State <b>LAKE WORTH FL</b>		City & State <b>LAKE WORTH FL</b>		04292004 Chg-P CR2E034 (10/03)	
Zip <b>33467</b>		Country <b>PALM BEACH</b>		4. FEI Number <b>65-1113945</b>	
Zip <b>33467</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RATFIELD, LOUIS W 7661 LAKE WORTH ROAD LAKE WORTH, FL 33467</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7765 LAKE WORTH RD # 316</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</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: <u><i>Louis W. Ratfield</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4.29.04</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD <b>SOTO, PHILLIP</b> <b>7661 LAKE WORTH ROAD</b> <b>LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.Y.P <b>LOUIS W. RATFIELD</b> <b>7765 LAKE WORTH RD # 316</b> <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <u><i>Louis W. Ratfield</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4.29.04</u> Daytime Phone # _____		