

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090563

Entity Name: THE CREDIT VOICE, INC.

FILED  
Mar 05, 2009  
Secretary of State

## Current Principal Place of Business:

18830 U. S. HWY 19 N.  
STE. 330  
CLEARWATER, FL 33764 US

## New Principal Place of Business:

## Current Mailing Address:

18830 U. S. HWY 19 N.  
STE. 330  
CLEARWATER, FL 33764 US

## New Mailing Address:

FEI Number: 01-0816408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRY, J. MARSHALL  
905 EAST M L KING DRIVE  
STE. 228  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MONTAGUE, BARTT  
Address: 18830 U. S. HWY 19 N., STE. 330  
City-St-Zip: CLEARWATER, FL 33764 US

Title: DCEO (X) Delete  
Name: MONTAGUE, BARTT  
Address: 18830 U. S. HWY 19 N., STE. 330  
City-St-Zip: CLEARWATER, FL 33764 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change ( ) Addition  
Name: THE AMERICAN DEFICIT, FOUNDATION  
Address: 18830 U. S. HWY 19 N., STE. 330  
City-St-Zip: CLEARWATER, FL 33764 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 N. TAUPIER

MGR

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date