2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary of State DOCUMENT # P06000082085 01-31-2007 90045 045 ***150.00 1. Entity Name BP COLLECTION AGENCY, INC. Principal Place of Business Mailing Address 40001300 1857 WELLS RD 1857 WELLS RD SUITE 201-A SUITE 201-A ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 6-1763736 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRAN, PHU B Street Address (P.O. Box Number is Not Acceptable) 1857 WELLS RD SUITE 201-A ORANGE PARK, FL 32073 City Zip Code 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition TRAN, PHU B NAME NAME STREET ADDRESS 1857 WELLS RD SUITE 201-A STREET ADDRESS CUTY-ST-ZIP ORANGE PARK, FL 32073 City-St-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition TRAN, XUYEN-CHAU N NAME NAME STREET ADDRESS 1857 WELLS RD SUITE 201-A STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

P#u

BAO TRAN 01/29/07

FILED Jan 31, 2007 8:00 am