


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90027 003 \*\*\*\*70.00

DOCUMENT # F05000003515					
1. Entity Name CONSUMER CREDIT CONSULTANTS, INC.					
Principal Place of Business 8280 FLORENCE AVE SUITE #100 DOWNEY, CA 90240			Mailing Address 8280 FLORENCE AVE SUITE #100 DOWNEY, CA 90240		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite 210</i>		Suite, Apt. #, etc. <i>Suite 210</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1865681	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, JOSE 350 CORP WAY SUITE 300 ORANGE PARK, FL 32073			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOMEZ, JOSEPH A		NAME		
STREET ADDRESS	8509 VILLAVERADE		STREET ADDRESS		
CITY-ST-ZIP	WHITTER, CA 90616		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERA, MARIA		NAME		
STREET ADDRESS	9925 HILDRETH AVE		STREET ADDRESS		
CITY-ST-ZIP	SOUTH GATE, CA 90280		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINOSTROZA, ANDRES A		NAME		
STREET ADDRESS	8415 BORSON ST		STREET ADDRESS		
CITY-ST-ZIP	DOWNEY, CA 90242		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTRADA, MARIA		NAME		
STREET ADDRESS	5281 MCCOMBER RD		STREET ADDRESS		
CITY-ST-ZIP	BUENA PARK, CA 90621		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRERA, ART		NAME		
STREET ADDRESS	8429 DONOVAN ST		STREET ADDRESS		
CITY-ST-ZIP	DOWNEY, CA 90242		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 617, 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: <i>Joseph A. Gomez</i>		Joseph A. Gomez Pres./CEO		01/18/07 (562) 622-9202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	