

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K20036

FILED
Feb 23, 2005
Secretary of State

Entity Name: THE COLLECTION TEAM, INC.

Current Principal Place of Business:

1915 NW 18TH ST
#C-1
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1915 NW 18TH ST
#C-1
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0037876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNARY, SALLY ANN
1901 NW 18TH SR., #C-1 SOUTH
POMPANO BCH, FL 33069 US

Name and Address of New Registered Agent:

MCNARY, SALLY
1915 NW 18TH SR., #C-1 SOUTH
POMPANO BCH, FL 33069 US

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: SALLY MCNARY

02/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNARY, SALLY A
Address: 1901 NW 18TH ST
City-St-Zip: POMPANO BCH, FL

Title: PTS () Delete
Name: MCNARY, SALLY N
Address: 1915 18TH ST., #C-1
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALLY ANN MCNARY

P

02/23/2005

Electronic Signature of Signing Officer or Director

Date