2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N04000011590

Entity Name: CONSUMER PROTECTION ALLIANCE, INC.

Current Principal Place of Business:

808 W. DE LEON ST.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

808 W. DE LEON ST.
TAMPA, FL 33606

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTHBURD, CRAIG E
808 W. DE LEON ST.
TAMPA, FL 33606 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JEEVES, SCOTT R
Address: 954 1ST AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD ( ) Delete
Name: CLARK, J. DANIEL
Address: 3407 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete
Name: ROTHBURD, CRAIG E
Address: 808 W. DE LEON ST.
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete
Name: TAKACS, GARY J
Address: 13555 AUTOMOBILE BLVD., SUITE 540
City-St-Zip: CLEARWATER, FL 33762

Title: SD ( ) Delete
Name: WEAKLAND, BRIAN L
Address: 2805 W. BUSCH BLVD., SUITE 100
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG ROTHBURD VD 04/20/2005
Electronic Signature of Signing Officer or Director — Date