

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48974

FILED  
May 06, 2005  
Secretary of State

Entity Name: CONSUMER CREDITWORKS, INC.

## Current Principal Place of Business:

1512 W. COLONIAL DRIVE  
C  
ORLANDO, FL 32804 US

## New Principal Place of Business:

## Current Mailing Address:

1512 W. COLONIAL DRIVE  
C  
ORLANDO, FL 32804 US

## New Mailing Address:

FEI Number: 59-3128557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BOLLERS, TREVOR J  
104 W YORK COURT  
LONGWOOD, FL 32779 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: D ( ) Delete  
Name: BOLLERS, TREVOR J.,  
Address: 104 W YORK CT  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: SIMMS, JUDY D  
Address: 104 W. YORK COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BOLLERS, STEPHEN P  
Address: 14 YELLOW PINE COURT  
City-St-Zip: WILMINGTON, DE 19808

## 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:

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: TREVOR J BOLLERS

PRES

05/06/2005

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

\_\_\_\_\_  
Date