2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# N93000000653

Entity Name: CONSUMER CREDIT ASSISTANCE, INC.

Current Principal Place of Business:

1052 E SEMORAN
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1052 E. SEMORAN BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3177429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, STEVEN
1052 E. SEMORAN BLVD.
CASSELBERRY, FL 32707 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: PDST ( ) Delete
Name: HOFFMAN, STEVEN
Address: 1052 E. SEMORAN BLVD.
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: ABRAHAMS, LAWRENCE ESQ
Address: 5445 N. SHERIDAN
City-St-Zip: CHICAGO, IL 60645

Title: D ( ) Delete
Name: THORNTON, LORI
Address: 7005 LAREL
City-St-Zip: SKOKIE, IL 60077

Title: D ( ) Delete
Name: KEWUS, GARY
Address: 502 N 17-92
City-St-Zip: LONGWOOD, FL 32752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FOSTER, TOM
Address: 1187 NEWTON COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change ( ) Addition
Name: THORNTON, DAVID
Address: 7005 LAREL
City-St-Zip: SKOKIE, IL 60077

Title: D (X) Change ( ) Addition
Name: TROSSMAN, RICK
Address: 4301 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

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: STEVEN HOFFMAN P 02/23/2004

Electronic Signature of Signing Officer or Director — Date