2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003
Secretary of State

DOCUMENT# N93000000653

Entity Name: CONSUMER CREDIT ASSISTANCE, INC.

Current Principal Place of Business:

E SEMORAN
ORLANDO, FL 32789

New Principal Place of Business:

1052 E SEMORAN
CASSELBERRY, FL 32707

Current Mailing Address:

888 BENTLEY GREEN CIRCLE
WINTER SPRINGS, FL 32708

New Mailing Address:

1052 E. SEMORAN BLVD.
CASSELBERRY, FL 32707

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
888 BENTLEY GREEN CIR
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

HOFFMAN, STEVEN
1052 E. SEMORAN BLVD.
CASSELBERRY, FL 32707 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: STEVEN HOFFMAN 01/22/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete
Name: HOFFMAN, STEVEN
Address: 888 BENTLEY GREEN CIR
City-St-Zip: WINTER SPRINGS, FL

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: SHOKIE, IL 60077

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 PRES 01/22/2003
Electronic Signature of Signing Officer or Director Date