



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90230 041 ****61.25

DOCUMENT # N95000003315 1. Entity Name CONSUMER BUDGET COUNSELING INC.					
Principal Place of Business 1225 TAMAMI TRAIL UNIT B15 PORT CHARLOTTE, FL 33953			Mailing Address 1225 TAMAMI TRAIL UNIT B15 PORT CHARLOTTE, FL 33953		
2. Principal Place of Business 4055 TAMAMI TRAIL Suite, Apt. #, etc. SUITE 23		3. Mailing Address 4055 TAMAMI TRAIL Suite, Apt. #, etc. SUITE 23			
City & State PORT CHARLOTTE, FL		City & State PORT CHARLOTTE, FL		4. FEI Number 65-0597209	
Zip 33952		Country Charlotte		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRINCIPATO, PAUL 125 SE COLONIAL STREET PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINCIPATO, MARIANNE 125 S.E. COLONIAL ST PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PRINCIPATO, PAUL R 125 S.E. COLONIAL ST PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIMARIA, PAUL 105 SE COLONIAL ST PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PRINCIPATO, PETER 3609 NIMROD STREET SEAFORD, NY 11783	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACINTOSH, WINSTON 106 SE COLONIAL ST PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKETTA, EDMUND 101 SE PECKHAM STREET PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paul Principato</u> PAUL PRINCIPATO <u>1/11/06</u> <u>941-255-3236</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					