


2008 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N95000003315 1. Entity Name CONSUMER BUDGET COUNSELING INC.	
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Principal Place of Business 4055 TAMiami TRAIL STE 23 PORT CHARLOTTE, FL 33952	Mailing Address 4055 TAMiami TRAIL STE 23 PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0597209	Applied For Not Applicable
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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PRINCIPATO, MARIANNE 125 S.E. COLONIAL ST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD PRINCIPATO, PAUL R 125 S.E. COLONIAL ST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD DIMARIA, PAUL 105 SE COLONIAL ST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY- ST- ZIP	2VP PICARELLI, PEGGY ANNE 1216 SW 30 ST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DI MARIA, ROBERT 3937 SW 25TH PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BLACKETTA, EDMUND 101 SE PECKHAM STREET PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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03/13/08-80009-012 61.25

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:  **2/25/08** **941-755-3236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #