


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90014 036 ****70.00

DOCUMENT # N97000000827	
1. Entity Name CONSUMER CREDIT PROTECTION AGENCY, INC.	

Principal Place of Business 324 NORTH DALE MABRY HIGHWAY SUITE 100 TAMPA, FL 33609 US	Mailing Address 324 NORTH DALE MABRY HIGHWAY SUITE 100 TAMPA, FL 33609 US
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2. Principal Place of Business 306 East Tyler Street Suite, Apt. #, etc. 2nd Floor Tampa, FL Zip 33602 Country US	3. Mailing Address 306 East Tyler Street Suite, Apt. #, etc. 2nd Floor Tampa, FL Zip 33602 Country US
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04162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3427080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VELILLA, MANNY 324 NORTH DALE MABRY HIGHWAY SUITE 100 TAMPA, FL 33609	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 306 East Tyler Street, 2nd Floor City Tampa FL Zip Code 33602	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FEINBERG, RICHARD 306 E. TYLER ST. #300 TAMPA, FL 336023823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VELILLA, MANNY 324 N DALE MABRY HWY, STE 100 TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, PATRICK 306 E. TYLER ST. #300 TAMPA, FL 336023823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 E. Tyler Street, 2nd Floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 E. Tyler Street, 2nd Floor Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 E. Tyler Street, 2nd Floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Manny Velilla

4/16/04

(813) 879-8400