


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 306 E TYLER ST. 2ND FLR. TAMPA, FL 33602 US	Mailing Address 306 E TYLER ST. 2ND FLR. TAMPA, FL 33602 US
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03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3427080	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
**VELILLA, MANNY
 306 E TYLER ST.
 2ND FLR.
 TAMPA, FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FEINBERG, RICHARD 306 E TYLER ST., N2ND FLR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VELILLA, MANNY 306 E TYLER ST., 2ND FLR. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, PATRICK 306 E TYLER ST., 2ND FLR. TAMPA, FL 33602
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 03/17/05-80059-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **MANNY VELILLA** 3/14/05 (813) 879-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #