## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # N9800004946  1. Entity Name CHANGE AGENT PROGRAMS, INC.				04-30-2004 90348 015 ****61.25		
Principal Place of Business . 5850 WINDHOVER DR ORLANDO, FL 32819		Mailing Address 5850 WINDHOVER DR ORLANDO, FL 32819		14015486		
2. Principal Pl	ace of Business	3. Mailing Address		TI TITLING EID INIEL EEN OOM EEN	90% 90% 60% DIANG 18% BIDIO DI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142004 Chg-NP CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-3530731	<b>⊢</b> +÷	plied For t Applicable
Zip	Country	. Zip	Country	5. Certificate of Status Desire	d S8.75 Add Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New	w Registered Agent	
PAMPO PVPON			Name			
RAMBO, BYRON 655-1 WEST FULTON ST SANFORD, FL 32771		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City FL Zip Code		9	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regis	tered agent, or both, in the State o	f Florida. I am familiar with,	and accept
the obligati	ions of registered agent.					
200	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	legistered Agent signature requi	lead hon rainstation!		
	(COM 17			ed wien rensaurig)	DATE	İ
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be	Make check payable to forlda Department of SI	
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100	Due by May 1, 2004  OFFICERS AND DIF	9. Election Camp Trust Fund Co	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make check payable to forlda Department of SI	ate
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100 TIFLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIF  D DAVIS, MARGARET  1365 HIBISCUS AVE	9. Election Camp Trust Fund Co	naign Financing ntribution.   11.  TITLE  NAME  STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable to lorida Department of \$1 ICERS AND DIRECTORS IN	10
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12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4113104

407 370 333

Daytime Phone #