

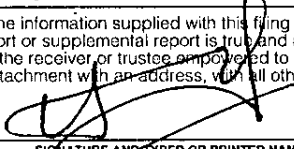


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90010 033 \*\*\*150.00

<b>DOCUMENT # P00000009675</b> 1. Entity Name <b>CPI CREDIT REPORTING, INC.</b>																											
Principal Place of Business <b>2699 COLLINS AVE. STE 146 MIAMI BEACH, FL 33140</b>				Mailing Address <b>2699 COLLINS AVE. STE 146 MIAMI BEACH, FL 33140</b>																							
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>7800 W OAKLAND PARK BLVD. G-121 SUNRISE, FLORIDA 33351      USA</b>																									
4. FEI Number <b>02252004      Chg-P      CR2E034 (10/03)</b> <b>65-1019954</b>				Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>																							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>- FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATON, CHRISTINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RUE LEZURIER DE LA MARTEL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>7600 ROUEN FRANCE,</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	PATON, CHRISTINE		STREET ADDRESS	RUE LEZURIER DE LA MARTEL		CITY-ST-ZIP	7600 ROUEN FRANCE,											
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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)(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 607, 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.																											
<b>SIGNATURE:</b>  <b>CHRISTINE PATON</b> <b>2/25/04</b> <b>(954) 749-8802</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																											