2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90536 018 ***150.00

DOCUMENT # P03000069032

1. Entity Name
COLLEGE REPAYMENT RESOURCES INC.

50046333

Principal Place of Business	Mailing Address
300 S. MADISON AVENUE SUITE 1 CLEARWATER, FL 33756 US	300 S. MADISON AVENUE SUITE 1 CLEARWATER, FL 33756 US

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1497 Main St #305	Same
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State: Dunedin Fl	City & State
Zip: 34698 / Country	Zip / Country

4. FEI Number: 43-2019532 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLIETT, SHARON Y
300 S MADISON AVENUE
SUITE 1
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P O Box Number is Not Acceptable)
City FL 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 ____________________

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P SHARON, CLIETT Y 300 S. MADISON AVENUE SUITE 1 CLEARWATER, FL 33756 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Sharon Cliett 1497 Main St. #305 Dunedin, Fl. 34698 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Sharon Y. Cliett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date