2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P94000020266

Entity Name: COLLECTION CONSULTANTS, INC.

Current Principal Place of Business:

PO BOX 5366
SARASOTA, FL 34277

New Principal Place of Business:

4411 BEE RIDGE ROAD # 191
SARASOTA, FL 34233

Current Mailing Address:

PO BOX 5366
SARASOTA, FL 34277

New Mailing Address:

PO BOX 5366
SARASOTA, FL 34277 US

FEI Number: 65-0491288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, ALONA
1792 SUMMER BREEZE WAY
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

POWERS, STEPHEN A PRES
1792 SUMMER BREEZE WAY
SARASOTA, FL 34232 US

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.

SIGNATURE: STEPHEN A. POWERS 04/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SHARFF, MARK
Address: P.O. BOX 5366
City-St-Zip: SARASOTA, FL 34277

Title: VP (X) Delete
Name: POWERS, ALONA
Address: P.O. BOX 5366
City-St-Zip: SARASOTA, FL 34277

Title: DP (X) Delete
Name: POWERS, STEPHEN
Address: POB 3366
City-St-Zip: SARASOTA, FL 34277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN A. POWERS PRES 04/08/2009
Electronic Signature of Signing Officer or Director Date