

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000029635

Entity Name: CREDIT RECOVERY PROGRAM INC.

Current Principal Place of Business:

633 NORTH FRANKLIN STREET
STE. 505
TAMPA, FL 33602

Current Mailing Address:

633 NORTH FRANKLIN STREET
STE. 505
TAMPA, FL 33602 US

FEI Number: 46-5327940

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, TIFFANI
633 NORTH FRANKLIN STREET
STE. 505
TAMPA, FL 33602 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: TIFFANI COLEMAN

03/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PTSD
Name DOMBROSKY, PAUL
Address 633 NORTH FRANKLIN STREET STE.
505
City-State-Zip: TAMPA FL 33602

I hereby 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 all other like empowered.

SIGNATURE: PAUL DOMBROSKY

MEMBER

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date