No. **C 138122**	**Due no later than Mar 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** COMPLETE PAYMENT RECOVERY SERVICES, INC. 11601 ROOSEVELT BVLD., N. ST. PETERSBURG FL 33716 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	GEMEL CLARK	11601 ROOSEVELT BVLD., N.	ST. PETERSBURG	FL	USA	33716
TREASURER	GEMEL CLARK	11601 ROOSEVELT BVLD., N.	ST. PETERSBURG	FL	USA	33716
SECRETARY	GEMEL CLARK	11601 ROOSEVELT BVLD., N.	ST. PETERSBURG	FL	USA	33716
VICE PRESIDENT	GEMEL CLARK	11601 ROOSEVELT BVLD., N.	ST. PETERSBURG	FL	USA	33716
DIRECTOR	BARBARA "ANN" AKINS	11601 ROOSEVELT BVLD., N.	ST. PETERSBURG	FL	USA	33716
PRESIDENT	BARBARA "ANN" AKINS	11601 ROOSEVELT BVLD., N.	ST. PETERSBURG	FL	USA	33716

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
GA **C 138122**	Signature: Kelly Lettmann Name (type or print): Kelly Lettmann	Date: 02/11/2014 Title: Poa

Processed 02/11/2014

* Electronically provided signatures are accepted as original signatures.