

No. C 138122		Due no later than Mar 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. COMPLETE PAYMENT RECOVERY SERVICES, INC. 11601 ROOSEVELT BLVD., N. ST. PETERSBURG FL 33716		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
				3. <u>New</u> 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	JASON M. CORY	11601 ROOSEVELT BLVD., N.	ST. PETERSBURG	FL	USA	33716
DIRECTOR	LYNN CRAVEY	11601 ROOSEVELT BLVD., N.	ST. PETERSBURG	FL	USA	33716
TREASURER	LYNN CRAVEY	11601 ROOSEVELT BLVD., N.	ST. PETERSBURG	FL	USA	33716
SECRETARY	LYNN CRAVEY	11601 ROOSEVELT BLVD., N.	ST. PETERSBURG	FL	USA	33716
PRESIDENT	JASON M. CORY	11601 ROOSEVELT BLVD., N.	ST. PETERSBURG	FL	USA	33716
5. Organized Under the Laws of: GA C 138122		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 01/20/2012 Title: Poa				
Processed 01/20/2012		* Electronically provided signatures are accepted as original signatures.				