## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002332

Entity Name: COLLECTCORP CORPORATION

FILED Apr 26, 2006 Secretary of State

- Interview College Co						
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
ARIZONA ( 455 NORTI PHOENIX,	H 3RD STREET	Г, #260	SUITE 260	455 NORTH 3RD STREET SUITE 260 PHOENIX, AZ 85004		
Current Mailing Address:			New Mailir	New Mailing Address:		
	E ST., SUITE 20 , ONTARIO,	00 m5b 2e7	415 YONGI SUITE 2000 TORONTO	)	7 CA	
FEI Number:	16-1495207	FEI Number Applied For ( )	El Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WILSON, NICHO ARIZONA CENTR PHOENIX, AZ 85	RE, 455 NORTH 3RD STREET 5004 Delete ICE SUITE 2000	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WILSON, NICHO 455 NORTH 3RE PHOENIX, AZ 8	O ST, SUITE 260 5004 Change ( ) Addition SIS , SUITE 2000	
Title: Name: Address: City-St-Zip:	()Delete		Title: Name: Address: City-St-Zip:	V () Change (X) Addition SMITH, JAMES W 4304 GERMANNA HWY LOCUST GROVE, VA 22508		
Title: Name: Address: City-St-Zip:	( ) [	Delete	Title: Name: Address: City-St-Zip:	HOLT, DOUG	Change (X) Addition REET, SUITE 2000 M5B 2E7 CA	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	REAM, DOUG	Change (X) Addition O STREET, SUITE 260 5004	

I hereby certify that the information supplied with this filing does not qualify for the 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: BORIS DYBENKO T 04/26/2006