

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212527685				
1.) CORPORATION NAME: Complete Payment Recovery Services, Inc.		DUE DATE: 8/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD GLEN ALLEN, VA 23060		SCC ID NO: F1521253				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED					
COMMON	500					
4.) STATE OR COUNTRY OF INCORPORATION: GA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 11601 Roosevelt Blvd., N. CITY/ST/ZIP: St. Petersburg, FL 33716						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: Barbara Akins TITLE: PRESIDENT ADDRESS: 11601 Roosevelt Blvd., N. CITY/ST/ZIP/CO: St. Petersburg, FL 33716	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: Lynn Cravey TITLE: VP/Sec/Trea ADDRESS: 11601 Roosevelt Blvd., N. CITY/ST/ZIP/CO: St. Petersburg, FL 33716	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ Lynn Cravey	Lynn Cravey, VP/Sec/Trea	7/23/2012				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						