

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000094

FILED
Apr 20, 2009
Secretary of State

Entity Name: ADVISORY CREDIT MANAGEMENT, INC

Current Principal Place of Business:

5773 W SUNRISE BLVD
PLANTATION, FL 33313

New Principal Place of Business:

5769 W SUNRISE BLVD
PLANTATION, FL 33313

Current Mailing Address:

5773 W SUNRISE BLVD
PLANTATION, FL 33313

New Mailing Address:

5769 W SUNRISE BLVD
PLANTATION, FL 33313

FEI Number: 22-3799942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DVORKIN, HOWARD
7809 GALLEON CT
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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 DIRECTORS:

Title: DCP () Delete
Name: DVORKIN, HOWARD
Address: 7809 GALLEON CT
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: NEEDLE, JEFFREY
Address: 5310 NW 33RD AVE, SUITE 101
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HOWARD DVORKIN

DCP

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date