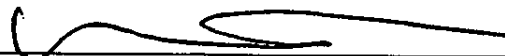
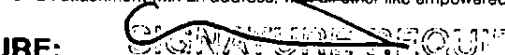


FILED
Apr 10, 2002 8:00 am
Secretary of State

03-13-2002 90149 012 *****61.25

23115

DOCUMENT # NO1000003530		Secretary of State 03-13-2002 90149 012 ****61.25	
1. Entity Name ASSURED CREDIT COUNSELING, INC.			
Principal Place of Business 4690 NORTH UNIVERSITY DRIVE #313 CORAL SPRINGS FL 33065		Mailing Address 4690 NORTH UNIVERSITY DRIVE #313 CORAL SPRINGS FL 33065	
2. Principal Place of Business 3773 N.W. 126 AVE # 3 Coral Springs, FL 33065 Broward		3. Mailing Address 3773 N.W. 126 AVE # 3 Coral Springs, FL 33065 Broward	
4. FEI Number 65-1112302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, ANTHONY G JR 4690 NORTH UNIVERSITY DRIVE #313 CORAL SPRINGS FL 33065		7. Name and Address of New Registered Agent William Platter 7040 W. Palmetto Park Rd. # 4-255 Boca Raton FL 33433	
8. 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  Signature, typed or printed name of registered agent and title if applicable.		DATE 3/2/02 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SPEWAK, ROBERT 4690 NORTH UNIVERSITY DRIVE #313 CORAL SPRINGS FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D YANNITTY, AUDREY 4690 NORTH UNIVERSITY DRIVE #313 CORAL SPRINGS FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PLATTER, WILLIAM 4690 NORTH UNIVERSITY DRIVE #313 CORAL SPRINGS FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/2/02 Daytime Phone #	