

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000005449

FILED
Aug 05, 2008
Secretary of State

Entity Name: FIRST CHOICE DEBT SETTLEMENT INC.

Current Principal Place of Business:

4001 NE 24TH AVE
LIGHTHOUSEPOINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

6522 CATALINA LANE
TAMARAC, FL 33321

New Mailing Address:

4001 NE 24TH AVE
LIGHTHOUSEPOINT, FL 33064

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, JEFFERY
4001 NE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

PARTLAN, WILLIAM
4001 NE
TAMARAC, FL 33321 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: WILLIAM PARTLAN

08/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORRES, JEFFERY
Address: 4001 NE 24TH AVE.
City-St-Zip: LIGHTHOUSEPOINT, FL 33064

Title: P (X) Delete
Name: PARTLAN, WILLIAM
Address: 4001 NE 24TH AVE
City-St-Zip: LIGHTHOUSEPOINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARTLAN, WILLIAM
Address: 4001 NE 24TH AVE.
City-St-Zip: LIGHTHOUSEPOINT, FL 33064

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: WILLIAM PARTLAN

P

08/05/2008

Electronic Signature of Signing Officer or Director

Date