

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000098721

FILED
May 27, 2009
Secretary of State**Entity Name:** THE DEBT FREEDOM CENTER, INC.**Current Principal Place of Business:**1779 N. CONGRESS AVE.
SUITE #334
BAOYNTON BEACH, FL 33426**New Principal Place of Business:**1779 N. CONGRESS AVE.
SUITE #334
BOYNTON BEACH, FL 33426**Current Mailing Address:**1779 N. CONGRESS AVE.
SUITE #334
BAOYNTON BEACH, FL 33426**New Mailing Address:**1779 N. CONGRESS AVE.
SUITE #334
BOYNTON BEACH, FL 33426**FEI Number:** 26-0785978**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CINNAMIN M. O'SHELL, CPA, PA
2200 NW CORPORATE BLVD
SUITE 403
BOCA RATON, FL 33431 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PALOMARES, JACQUELINE
Address: 7716 BRUNSON CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change () Addition
Name: BROWNE, JOHN
Address: 804 EAST WINDWARD WAY
City-St-Zip: LANTANA, FL 33462

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: JOHN BROWNE

P.

05/27/2009

Electronic Signature of Signing Officer or Director

Date