2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# N01000003530

Entity Name: ASSURED CREDIT COUNSELING, INC.

Current Principal Place of Business:

3773 N.W. 126 AVE
#3
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3773 N.W. 126 AVE
#3
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1112302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLATTER, WILLIAM
7040 W. PALMETTO PARK RD
#4 -255
BOCA RATON, FL 33433 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:	DV	( ) Delete
Name:	SPIEWAK, ROBERT	
Address:	4690 NORTH UNIVERSITY DRIVE #313	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	DP	( ) Delete
Name:	PLATTER, WILLIAM	
Address:	4690 NORTH UNIVERSITY DRIVE #313	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	DAWKINS, JEFFREY	
Address:	8150 SW 3RD CT	
City-St-Zip:	NORTH LAUDERDALE, FL 33068	
Title:	D	( ) Delete
Name:	BOKLAN, WILLIAM A	
Address:	8150 SW 3RD CT.	
City-St-Zip:	NORTH LAUDERDALE, FL 33068	
Title:	D	( ) Delete
Name:	FAGEN, MICHAEL A	
Address:	8150 SW 3RD CT.	
City-St-Zip:	NORTH LAUDERDALE, FL 33068	
Title:	D	( ) Delete
Name:	BELL, MICHAEL L	
Address:	8150 SW 3RD CT.	
City-St-Zip:	NORTH LAUDERDALE, FL 33068	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PLATTER DP 03/25/2004

Electronic Signature of Signing Officer or Director — Date