

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 06, 2004
Secretary of State**

DOCUMENT# N93000001540

Entity Name: CONSOLIDATED CREDIT COUNSELING SERVICES, INC.

Current Principal Place of Business:

5701 WEST SUNRISE BLVD
SUITE 200
FORT LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5701 WEST SUNRISE BLVD
SUITE 200
FORT LAUDERDALE, FL 33313

New Mailing Address:

FEI Number: 65-0401491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DVORKIN, HOWARD S
5701 WEST SUNRISE BLVD
STE 200
FORT LAUDERDALE, FL 33313 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: DVORKIN, HOWARD S
Address: 7809 GALLEON COURT
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: DERNIS, MELANIE A
Address: 7295 SW 132ND STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: KALIN, WILLIAM
Address: 10000 COLEBROOK AVE
City-St-Zip: POTOMAC, MD 20854

Title: D () Delete
Name: WIEMAN, ANDREW S.
Address: 7650 NW 47TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: HORVITZ, MICHEAL
Address: 923 SEAGATE DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

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: D (X) Change () Addition
Name: HENDERS, EDYTHE
Address: 11509 GILSAN STREET
City-St-Zip: SILVER SPRING, MD 20902

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: HOWARD DVORKIN

P

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date