N01000003530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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O/D Resign

3/13/06

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assured Credit Counseling
(Name of Corporation)

DOCUMENT NUMBER: N01000003530

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Spiewak
(Name of Person)

Assured Credit Counseling
(Name of Firm/Company)

3773 NW 126th Ave #3
(Address)

Coral Springs, FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Spiewak at (954) 345-4042
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, JEFFREY DAWKINS, hereby resign as DIRECTOR (Title)

of ASSURED CREDIT COUNSELING, INC. (Name of Corporation)

N01000033530 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

J. DAWKINS (Signature of resigning officer/director)

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FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314