2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000094

Entity Name: ADVISORY CREDIT MANAGEMENT, INC

FILED Feb 05, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	UNRISE BLVE ION, FL 3331:				
Current Mailing Address:			New Mailing Address:		
	UNRISE BLVE ION, FL 3331:				
FEI Number	r: 22- 3799942	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
7809 GAL	I, HOWARD LEON CT ID, FL 33067	US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DCPS (DVORKIN, HO 7809 GALLEO PARKLAND, F	N CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ROSE, HOWA 5773 W SUNR PLANTATION,	ISE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BIENKOWSKI 5927 MORNIN LAKE WORTH	GSIDE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD DVORKIN DCPS 02/05/2007