

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
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:

HERMAN, GARY S PRES
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: GARY, HERMAN
Address: 5701 WEST SUNRISE BLVD., SUITE 200
City-St-Zip: FT. LAUDERDALE, FL 33313

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: WIESEMAN, ANDREW S
Address: 7650 NW 47TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SCTY () Delete
Name: LIBREA, ROMEO
Address: 5701 WEST SUNRISE BLVD
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: VP () Delete
Name: SHER, HILTON
Address: 5701 WEST SUNRISE BLVD
City-St-Zip: FT. LAUDERDALE, FL 33313

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILTON SHER

VP

01/20/2009

Electronic Signature of Signing Officer or Director

Date