

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002030

FILED
Feb 22, 2008
Secretary of State

Entity Name: AMERICAN CONSUMER CREDIT COUNSELING, INC.

Current Principal Place of Business:

130 RUMFORD AVE.
NEWTON, MA 02466

New Principal Place of Business:

Current Mailing Address:

130 RUMFORD AVE.
NEWTON, MA 02466

New Mailing Address:

FEI Number: 04-3166982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTC D () Delete
Name: TRUMBLE, STEVEN
Address: 130 RUMFORD AVE
City-St-Zip: NEWTON, MA 02466

Title: VP () Delete
Name: DONNA, CONLEY
Address: 130 RUMFORD AVE.
City-St-Zip: NEWTON, MA 02466

Title: D () Delete
Name: CURRIE, JAMES W
Address: 230 SECOND AVE
City-St-Zip: WALTHAM, MA 02451

Title: D () Delete
Name: SERGI, JOHN
Address: 75 MOODY STREET
City-St-Zip: WALTHAM, MA 02451

Title: D () Delete
Name: FRADETTE, DON
Address: 100 FALLON ROAD
City-St-Zip: STONEHAM, MA 02180

Title: D () Delete
Name: LOPEZ, KENNETH V
Address: 131 LINDEN STREET
City-St-Zip: WALTHAM, MA 02452

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

SIGNATURE: STEVEN TRUMBLE

PTCD

02/22/2008

Electronic Signature of Signing Officer or Director

_____ Date