

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90001 009 \*\*\*\*61.25

**DOCUMENT # F03000000437**

1. Entity Name  
**BUDGET-RIGHT DEBT MANAGEMENT, INC.**



Principal Place of Business

**1060 MAITLAND CENTER COMMONS, STE. 270  
MAITLAND, FL 32751**

Mailing Address

**1060 MAITLAND CENTER COMMONS, STE. 270  
MAITLAND, FL 32751**

**DO NOT WRITE IN THIS SPACE**



06092005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**52-2294346**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOPPER, PETER  
1060 MAITLAND CENTER COMMONS, STE. 270  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CP  
HOPPER, PETER  
1060 MAITLAND CENTER COMMONS, STE. 270  
MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MCCAIN, IAN  
2000 ERVING CIRCLE  
OCOE, FL 34761**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SANTANGELO, MATTHEW  
228 74TH STREET  
BROOKLYN, NY 11209**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KOSTOFF, WILLIAM  
225 E 70TH STREET  
NEW YORK, NY 10021**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Peter Hopper*  
**PETER HOPPER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/8/2005 800-883-6926**

Date

Daytime Phone #