

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90007 032 \*\*\*\*70.00

**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

**50023619**



07142006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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]*  
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 6, 2006**

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 exemptions contained 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #