


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 014 ****61.25

DOCUMENT # F03000000437			
1. Entity Name- BUDGET-RIGHT DEBT MANAGEMENT, INC.			
Principal Place of Business 1060 MAITLAND CENTER COMMONS, STE. 27 MAITLAND FL 32751		Mailing Address 1060 MAITLAND CENTER COMMONS, STE. 27 MAITLAND FL 32751	
2. Principal Place of Business - No P.O. Box # 1307 S. International Pkwy		3. Mailing Address	
Suite, Apt. #, etc. Suite 1091		Suite, Apt. #, etc.	
City & State Lake Mary FL		City & State	
Zip 32746	Country USA	Zip	Country



2nd MOORE CR2E037 (4/07)

4. FEI Number 52-2294346		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOPPER, PETER 1060 MAITLAND CENTER COMMONS, STE. 270 MAITLAND FL 32751		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 reinstalling) DATE

FILE NOW: FEE IS \$61.25 Due By: September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPPER, PETER	NAME	
STREET ADDRESS	1060 MAITLAND CENTER COMMONS, STE. 270	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAIN, IAN	NAME	
STREET ADDRESS	2000 ERVING CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANGELO, MATTHEW	NAME	
STREET ADDRESS	228 74TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTOFF, WILLIAM	NAME	
STREET ADDRESS	225 E 70TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____

8/16/07 800-883-6926 (106)