

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000437

FILED
Mar 24, 2009
Secretary of State

Entity Name: BUDGET-RIGHT DEBT MANAGEMENT, INC.

Current Principal Place of Business:

1307 S. INTERNATIONAL PKWY
SUITE 1071
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1307 S. INTERNATIONAL PKWY
SUITE 1071
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 52-2294346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPPER, PETER
1307 S. INTERNATIONAL PKWY
SUITE 1071
LAKE MARY, FL 32746 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: CP () Delete
Name: HOPPER, PETER
Address: 1307 S. INTERNATIONAL PKWY SUITE 1071
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MCCAIN, IAN
Address: 2000 ERVING CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: SANTANGELO, MATTHEW
Address: 228 74TH STREET
City-St-Zip: BROOKLYN, NY 11209

Title: D () Delete
Name: KOSTOFF, WILLIAM
Address: 225 E 70TH STREET
City-St-Zip: NEW YORK, NY 10021

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:

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: PETER HOPPER

CP

03/24/2009

Electronic Signature of Signing Officer or Director

Date