

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

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

07-31-2006 90007 047 ****61.25

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1. Entity Name

**CONSUMER AND BUSINESS DEBT COUNSELING
SERVICES INCORPORATED**



Principal Place of Business

**1800 PEMBROOK DRIVE, SUITE 290
ORLANDO, FL 32810**

Mailing Address

**1800 PEMBROOK DRIVE, SUITE 290
ORLANDO, FL 32810**

50023604



07072006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3327439

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOBBE, ISAAC
3304 BISHOP PARK DRIVE, UNIT 822
WINTER PARK, FL 32792**

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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	CP
NAME	ROLAND, TOM
STREET ADDRESS	3933 GOUROCK COURT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VC
NAME	BOBBE, ISAAC
STREET ADDRESS	3304 BISHOP PARK DRIVE, UNIT 822
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	BRANCO, SHARON
STREET ADDRESS	29 WILLIAM HIGGINS ROAD
CITY-ST-ZIP	SOMERSET, MA 02725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #