2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005775

Jul 12, 2007 Secretary of State

Entity Name: CONSUMER AND BUSINESS DEBT COUNSELING SERVICES INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1800 PEMBROOK DRIVE, SUITE 290 1800 PEMBROOK DRIVE

ORLANDO, FL 32810 SUITE 290

ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

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

ORLANDO, FL 32810

FEI Number: 04-3327439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ROLAND, TOM BOBBE, ISAAC Name: Name: 3933 GOUROCK COURT Address: 3304 BISHOP PARK DRIVE, UNIT 822 Address:

City-St-Zip: APOPKA, FL 32712 City-St-Zip: WINTER PARK, FL

Title: VC Title: (X) Change () Addition () Delete

Name: BOBBE, ISAAC Name: MENDELSON, PABLO

Address: 3304 BISHOP PARK DRIVE, UNIT 822 Address: 1800 PENBROOK DR. SUITE 290

City-St-Zip: WINTER PARK, FL City-St-Zip: ORLANDO, FL 32810

Title: () Delete Title: () Change () Addition

BRANCO, SHARON Name: Name: 29 WILLIAM HIGGINS ROAD Address: Address: City-St-Zip: SOMERSET, MA 02725 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: ISAAC BOBBE D 07/12/2007