2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F05000005775

1. Entity Name
CONSUMER AND BUSINESS DEBT COUNSELING SERVICES INCORPORATED

Principal Place of Business	Mailing Address
1800 PEMBROOK DRIVE SUITE 290 ORLANDO, FL 32810	1800 PEMBROOK DRIVE SUITE 290 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

02272008 No Chg-NP CR2E037 (4/06)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	BOBBE, ISAAC
STREET ADDRESS	3304 BISHOP PARK DRIVE, UNIT 822
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	MENDELSON, PABLO
STREET ADDRESS	1800 PENBROOK DR, SUITE 290
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	D
NAME	BRANCO, SHARON
STREET ADDRESS	29 WILLIAM HIGGINS ROAD
CITY-ST-ZIP	SOMERSET, MA 02725
TITLE	V
NAME	ROBERTS, RAY
STREET ADDRESS	1800 PEMBROOK DRIVE, STE. 290
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-80044-025 61.25

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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.

X **SIGNATURE:** _____ 3/3/08 866-460-2829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #