2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# F05000005775

Entity Name: CONSUMER AND BUSINESS DEBT COUNSELING SERVICES INCORPORATED

Current Principal Place of Business:

1800 PEMBROOK DRIVE
SUITE 290
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

1800 PEMBROOK DRIVE
SUITE 290
ORLANDO, FL 32810

New Mailing Address:

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

Name and Address of Current Registered Agent:

BOBBE, ISAAC
717 MONMOUTH WAY
WINTER PARK, FL 32792 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: BOBBE, ISAAC
Address: 717 MONMOUTH WAY
City-St-Zip: WINTER PARK, FL 32792 US

Title: D ( ) Delete
Name: MENDELSON, PABLO
Address: 1800 PENBROOK DR, SUITE 290
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete
Name: BRANCO, SHARON
Address: 29 WILLIAM HIGGINS ROAD
City-St-Zip: SOMERSET, MA 02725

Title: V ( ) Delete
Name: ROBERTS, RAY
Address: 1800 PEMBROOK DRIVE, STE. 290
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MENDELSON, PABLO
Address: 1800 PEMBROOK DR, SUITE 290
City-St-Zip: ORLANDO, FL 32810

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: ISAAC BOBBE CP 10/13/2009

Electronic Signature of Signing Officer or Director — Date