

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90025 047 ***150.00

DOCUMENT # F06000000094	
1. Entity Name ADVISORY CREDIT MANAGEMENT, INC	

40044554



01162007 Chg-P CR2E034 (12/06)

Principal Place of Business 5773 W SUNRISE BLVD PLANTATION, FL 33313	Mailing Address 5773 W SUNRISE BLVD PLANTATION, FL 33313
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-3799942	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DVORKIN, HOWARD 7809 GALLEON CT PARKLAND, FL 33067		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS DVORKIN, HOWARD 7809 GALLEON CT PARKLAND, FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Howard Rose 5773 W. Sunrise Blvd. Plantation, FL 33313 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, HOWARD 5773 W SUNRISE BLVD PLANTATION, FL 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey Needle 5310 NW 33rd Ave., Suite 101 Fort Lauderdale, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIENKOWSKI, BRIAN 5927 MORNINGSIDE DR LAKE WORTH, FL 33463 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Howard Dvorkin 7809 Galleon Ct. Parkland, FL 33067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

Date

Daytime Phone #