## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000094

NEEDLE, JEFFREY

5310 NW 33RD AVE, SUITE 101

FORT LAUDERDALE, FL 33309

Name:

Address:

City-St-Zip:

Entity Name: ADVISORY CREDIT MANAGEMENT. INC

FILED Feb 19, 2008 Secretary of State

Entity Nai	me: ADVISC	JRY CREDIT MANAGEMENT,	INC		
Current Principal Place of Business:			New Princip	New Principal Place of Business:	
	JNRISE BLV ION, FL 333				
Current Mailing Address:			New Mailing	New Mailing Address:	
	JNRISE BLV ION, FL 333				
FEI Number	: 22-3799942	FEI Number Applied For ( )	FEI Number Not Applica	ble ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:	
7809 GALI PARKLAN The above	D, FL 33067 named entit		purpose of changing its	registered office or registered agent, or both,	
in the State	e of Florida.	•			
SIGNATUI		onic Signature of Registered A	aont	 Date	
Election Car		ing Trust Fund Contribution ( ).	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DCP DVORKIN, H 7809 GALLE PARKLAND,	ON CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS ROSE, HOW 5773 W SUN PLANTATION	RISE BLVD	Name: N Address: 5	O (X) Change ( ) Addition IEEDLE, JEFFREY I310 NW 33RD AVE, SUITE 101 FORT LAUDERDALE, FL 33309	
Title:	D	(X) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HOWARD S. DVORKIN DCP 02/19/2008