2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# F96000001889

Entity Name: AMERICAN CREDIT COUNSELING SERVICE, INC. OF MA.

Current Principal Place of Business:

4 TAUNTON STREET
SUITE 5
PLAINVILLE, MA 02762

New Principal Place of Business:

Current Mailing Address:

4 TAUNTON STREET
SUITE 5
PLAINVILLE, MA 02762

New Mailing Address:

FEI Number: 04-3155735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

TERZIEFF, LINDA L
4890 MIRAMAR STREET
PORT SAINT JOHN, FL 32927 US

Name and Address of New Registered Agent:

TERZIEFF, LINDA L
4881 BRIDGE ROAD
PORT SAINT JOHN, FL 32927 US

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: LINDA L. TERZIEFF 05/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: EDGAR, MICHAEL L
Address: 393 RICHARDSON AVE
City-St-Zip: ATTLEBORO, MA 02703

Title: VDS ( ) Delete
Name: HIGGINS, MARK A
Address: 28 VILLA WAY
City-St-Zip: NORTH ATTLEBORO, MA 02760

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: CURREN, MOLLY
Address: 275 HIGH STREET
City-St-Zip: NORTH ATTLEBORO, MA 02760 US

Title: D ( ) Change (X) Addition
Name: MCCUE, MICHAEL W
Address: 475 WILLIAMS STREET
City-St-Zip: MANSFIELD, MA 02048 US

Title: D ( ) Change (X) Addition
Name: STOLWORTHY, MARK B
Address: 44 ROBERT BATCHELDER ROAD
City-St-Zip: ATTLEBORO FALLS, MA 02763 US

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: MICHAEL L. EDGAR PRES 05/01/2008
Electronic Signature of Signing Officer or Director Date