


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

*Amended*

**FILED**

05 NOV 10 PM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001857		
1. Entity Name INCHARGE DEBT SOLUTIONS, INC.		

Principal Place of Business 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835	Mailing Address 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10272005 Chg-NP CR2E037 (10/03)

4. FEI Number 33-0770440	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$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	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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	(NOTE: Registered Agent signature required when reconstating)	DATE
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST EDWARDS, HOWELL E 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600061452665 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/16/05--01003--001 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLOSS, ROBERT W JR. 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert W. Closs, Jr. 2101 Park Center Dr. Ste 320 Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT BARRETT, ROBERT J 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MONEY, ETTA W 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Etta W. Money 2101 Park Center Dr. Ste 320 Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RITZER, LONNIE M 36 S CHARLES ST 20TH FLOOR BALTIMORE, MD 21201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIS, JAMES E 5440 KERGER RD ELLICOTT CITY, MD 21043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: <i>Etta W. Money</i>	Etta W. Money	11/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #