2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000001857

FILED Jun 25, 2007 Secretary of State

Entity Name: INCHARGE DEBT SOLUTIONS, INC.

Current Principal Place of Business: New Principal Place of Business: 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835 FEI Number: 33-0770440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCGREGOR, JODI L Name: Name: 2101 PARK CENTER DRIVE, SUITE 320 Address: Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: Title: () Delete Title: () Change () Addition MALSEED, WILLIAM R Name: Name: Address: 2101 PARK CENTER DRIVE, SUITE 320 Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: Title: () Delete Title: (X) Change () Addition BARRETT, ROBERT J Name: WHITELAW, VERONICA S Name: 2101 PARK CENTER DRIVE, SUITE 320 236 MOUNTAIN LANE Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ANNAPOLIS, MD 21409 Title: () Delete Title: () Change () Addition Name: MONEY, ETTA W Name: 2101 PARK CENTER DRIVE, SUITE 320 Address: Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: Title: () Delete Title: () Change () Addition RITZER, LONNIE M Name: Name: 36 S CHARLES ST 20TH FLOOR Address: Address: City-St-Zip: BALTIMORE, MD 21201 US City-St-Zip: Title: () Delete Title: (X) Change () Addition HARRIS, JAMES E WATFORD, FLORENCE Name: Name: 6395 DOBBIN RD Address: 5440 KERGER RD Address: ELLICOTT CITY, MD 21043 US COLUMBIA, MD 21045 US City-St-Zip: 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: ETTA W. MONEY Ρ 06/25/2007