

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001857

FILED
Apr 16, 2009
Secretary of State

Entity Name: INCHARGE DEBT SOLUTIONS, INC.

Current Principal Place of Business:

2101 PARK CENTER DRIVE, SUITE 320
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

2101 PARK CENTER DRIVE, SUITE 320
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 33-0770440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: DUARTE, ALBERTO M
Address: 2101 PARK CENTER DR, STE. 320
City-St-Zip: ORLANDO, FL 32835 US

Title: T () Delete
Name: BLEDDYN, HUGH
Address: 310 LAZY ACRES LANE
City-St-Zip: LONGWOOD, FL 32750 US

Title: T () Delete
Name: WHITELAW, VERONICA S
Address: 236 MOUNTAIN LANE
City-St-Zip: ANNAPOLIS, MD 21409

Title: P () Delete
Name: MONEY, ETTA W
Address: 2101 PARK CENTER DRIVE, SUITE 320
City-St-Zip: ORLANDO, FL 32835 US

Title: T () Delete
Name: RITZER, LONNIE M
Address: 36 S CHARLES ST 20TH FLOOR
City-St-Zip: BALTIMORE, MD 21201 US

Title: T () Delete
Name: WATFORD, FLORENCE
Address: 6395 DOBBIN RD
City-St-Zip: COLUMBIA, MD 21045 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: WHITELAW, VERONICA S
Address: 801 KEY HIGHWAY APT 421
City-St-Zip: BALTIMORE, MD 21230 US

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

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

Title: () Change () Addition
Name:
Address:
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

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date