2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L03000007149

Entity Name: DEBT RELIEF CENTER L.L.C.

Current Principal Place of Business:

12 SWALLOW DR
BOYNTON BEACH, FL 33436

New Principal Place of Business:

1045 E ATLANTIC AVE
SUITE 210
DELRAY BEACH, FL 33483

Current Mailing Address:

12 SWALLOW DR
BOYNTON BEACH, FL 33436

New Mailing Address:

1045 E ATLANTIC AVE
SUITE 210
DELRAY BEACH, FL 33483

FEI Number: 91-2186228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTELLO, CHRISTOPHER J
12 SWALLOW DR
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

MONTELLO, CHRISTOPHER J
1045 E ATLANTIC AVE
SUITE 210
DELRAY BEACH, FL 33483 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: CHRISTOPHER MONTELLO 06/30/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MONTELLO, CHRISTOPHER J
Address: 12 SWALLOW DR
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MONTELLO, CHRISTOPHER J
Address: 1045 E ATLANTIC AVE SUITE 210
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER MONTELLO MGRM 06/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date