

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2009
Secretary of State**

DOCUMENT# N00000001188

Entity Name: JULIAN CONSUMER COUNSELING SERVICES, INC.

Current Principal Place of Business:

18820 US HWY 19 N., BLDG 2, #200
CLEARWATER, FL 337643166

New Principal Place of Business:

Current Mailing Address:

18820 US HWY 19 N., BLDG 2, #200
CLEARWATER, FL 337643166

New Mailing Address:

FEI Number: 59-3616543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLER, JAY M
18820 US 19 NORTH
SUITE 200
CLEARWATER, FL 33764 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: PD () Delete
Name: WELLER, JAY M
Address: 3021 STATE ROAD 590 #230
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: COHEN, RANDY
Address: 16 OLEAN STREET
City-St-Zip: EAST AURORA, NY 14052

Title: VP () Delete
Name: GHAZAMAN, LINDA
Address: 4828 MUSSELL SHELL DR
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WELLER, JAY M
Address: 500 BELCHER ROAD, #244
City-St-Zip: CLEARWATER, FL 33771

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: JAY M. WELLER

P

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date