

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 025 ****61.25

DOCUMENT # N00000001227

1. Entity Name
AMERICAN CREDIT COUNSELORS, INC.



Principal Place of Business

**23123 STATE RD 7
SUITE 210
BOCA RATON, FL 33428**

Mailing Address

**23123 STATE RD 7
SUITE 210
BOCA RATON, FL 33428**

00000106

DO NOT WRITE IN THIS SPACE

04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0942766

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVIN, GEORGE G
100 BAY COLONY LANE
FORT LAUDERDALE, FL 33308-2004**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVIN, GEORGE G
STREET ADDRESS	100 BAY COLONY LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 333082004
TITLE	D
NAME	BICK, MARIO
STREET ADDRESS	23123 STATE RD 7
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	CADDY, GLENN R
STREET ADDRESS	2455 E SUNRISE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	Cesar Madrigal
STREET ADDRESS	23123 State Rd. 7, Ste 210
CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	D
NAME	Suzanne Berkofsky
STREET ADDRESS	South East Third Street
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #