## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001427

Entity Name: AMERICAN DEBT SOLUTIONS, INC.

FILED May 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** DELRAY BEACH, FL 33483 **Current Mailing Address: New Mailing Address:** 145 AVE. L DELRAY BEACH, FL 33483 FEI Number: 31-1776611 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A 1840 SOUTHWEST 22 STREET 4TH FL MIAMI, FL 33145 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: () Change () Addition () Delete KRONER, BURT Name: Name: Address: 6474 ENCLAVE WAY Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: KLEIN, MICHAEL Name: Address: 10258 BREEZE WAY PLACE Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: () Delete Title: () Change () Addition SWETNAM, SHELLY Name: Name: 8267 BERMUDA SOUND WAY Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: BRISSON, TOM Name: 7100 W. CAMINO REAL SUITE 403 Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: (X) Delete Title: () Change () Addition WALLACE, STEVEN Name: Name: 499 EAST PALMETTO RD SUITE 209 Address: Address: City-St-Zip: RIVERIA BEACH, FL 33404 City-St-Zip: Title: (X) Delete Title: () Change () Addition ZIMIT DAVID Name: Name: Address: 2191 N. SEACREST BLVD. Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: SHELLY SWETNAM S 05/01/2006

BOYNTON BEACH, FL 33425

City-St-Zip: