

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90065 020 \*\*\*\*61.25

**DOCUMENT # N01000001427**

1. Entity Name  
**AMERICAN DEBT SOLUTIONS, INC.**



Principal Place of Business  
**902 CLINT MOORE RD.  
SUITE 104  
BOCA RATON, FL 33487**

Mailing Address  
**PO BOX 7899  
DELRAY BEACH, FL 33482**

40041300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**31-1776611**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FL  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KRONER, BURT  
STREET ADDRESS 6474 ENCLAVE WAY  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE T ☐ Delete  
NAME KLEIN, MICHAEL  
STREET ADDRESS 10258 BREEZE WAY PLACE  
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE S ☒ Delete  
NAME SWETNAM, SHELLY  
STREET ADDRESS 8267 BERMUDA SOUND WAY  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE V ☐ Delete  
NAME HILSEN, NEIL  
STREET ADDRESS 700 LAKE TOP WAY  
CITY-ST-ZIP ROSWELL, GA 30076

TITLE D ☐ Delete  
NAME BROWN, ROSEANNE  
STREET ADDRESS 600 W. BLUE HERON BLVD.  
CITY-ST-ZIP RIVERIA BCH., FL 33404

TITLE D ☐ Delete  
NAME LECONTE, PETE  
STREET ADDRESS 1900 CORPORATE BLVD. NW, SUITE 310W  
CITY-ST-ZIP BOCA RATON, FL 33431

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME KRONER, BURT  
STREET ADDRESS 17730 SCARSDALE WAY  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME MARY HILLIER  
STREET ADDRESS 123 SW 13th St.  
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE V ☒ Change ☐ Addition  
NAME HILSEN, NEIL  
STREET ADDRESS 700 LAKE TOP WAY  
CITY-ST-ZIP ROSWELL, GA 30076

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3/6/08

Date

561-912-9663 x206

Daytime Phone #