

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001427

FILED
Jan 15, 2009
Secretary of State

Entity Name: AMERICAN DEBT SOLUTIONS, INC.

Current Principal Place of Business:

902 CLINT MOORE RD.
SUITE 104
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

PO BOX 7899
DELRAY BEACH, FL 33482

New Mailing Address:

FEI Number: 31-1776611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FL
MIAMI, FL 33145 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: KRONER, BURT
Address: 17730 SCARSDALE WAY
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: KLEIN, MICHAEL
Address: 10258 BREEZE WAY PLACE
City-St-Zip: BOCA RATON, FL 33428

Title: S () Delete
Name: HILLYER, MARY
Address: 123 SW 13TH
City-St-Zip: BOYNTON BEACH, FL 33436

Title: V () Delete
Name: HILSON, NEIL
Address: 700 LAKE TOP WAY
City-St-Zip: ROSWELL, GA 30076

Title: D () Delete
Name: BROWN, ROSEANNE
Address: 600 W. BLUE HERON BLVD.
City-St-Zip: RIVERIA BCH., FL 33404

Title: D () Delete
Name: LECONTE, PETE
Address: 1900 CORPORATE BLVD. NW, SUITE 310W
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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: BURT KRONER

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date