

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003530

FILED  
May 19, 2005  
Secretary of State

Entity Name: ASSURED CREDIT COUNSELING, INC.

## Current Principal Place of Business:

3773 N.W. 126 AVE  
#3  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

3773 N.W. 126 AVE  
#3  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 65-1112302      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:

SPIEWAK, ROBERT  
611 NW 110 AVE.  
CORAL SPRINGS, FL 33071      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: DV      ( ) Delete  
Name: SPIEWAK, ROBERT  
Address: 4690 NORTH UNIVERSITY DRIVE #313  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D      ( ) Delete  
Name: DAWKINS, JEFFREY  
Address: 8150 SW 3RD CT  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D      ( ) Delete  
Name: BOKLAN, WILLIAM A  
Address: 8150 SW 3RD CT.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D      ( ) Delete  
Name: FAGEN, MICHAEL A  
Address: 8150 SW 3RD CT.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D      ( ) Delete  
Name: BELL, MICHAEL L  
Address: 8150 SW 3RD CT.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

## 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:

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT SPIEWAK

PRES

05/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date