

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAY -9 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003530

1. Entity Name  
ASSURED CREDIT COUNSELING, INC.



Principal Place of Business  
3773 N.W. 126 AVE  
#3  
CORAL SPRINGS, FL 33065

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
65-1112302

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

SPIEWAK, ROBERT  
611 NW 110 AVE.  
CORAL SPRINGS, FL 33071

## 7. Name and Address of New Registered Agent

Name ~~ROBERT~~ JEFF DAWKINS

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

3773 N.W. 126 AVE #3

City CORAL SPRINGS FL Zip Code 33065

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

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | DV                               | <input checked="" type="checkbox"/> Delete |
| NAME           | SPIEWAK, ROBERT                  |  |
| STREET ADDRESS | 4690 NORTH UNIVERSITY DRIVE #313 |  |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33065          |  |
| TITLE          | DP                               | <input type="checkbox"/> Delete            |
| NAME           | JEFF DAWKINS                     |  |
| STREET ADDRESS | 3773 NW 126 AVE #3               |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33065           |  |
| TITLE          | DVP                              | <input type="checkbox"/> Delete            |
| NAME           | KORY BALESTASSEN                 |  |
| STREET ADDRESS | 3773 N.W. 126 AVE #3             |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33065           |  |
| TITLE          | DST                              | <input type="checkbox"/> Delete            |
| NAME           | DAVE HOPKINS                     |  |
| STREET ADDRESS | 3773 N.W. 126 AVE #3             |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33065           |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |

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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 #

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