2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000004540

1. Entity Name

CONSUMER DEBT MANAGEMENT SERVICES, INC.



Principal Place of Business 2950 W. CYPRESS CREEK RD SUITE 300 FT. LAUDERDALE, FL 33309 Mailing Address 2950 W. CYPRESS CREEK RD SUITE 300

FT. LAUDERDALE, FL 33309

FILED Apr 28, 2005 8:00 am Secretary of State

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2. Principal Place of Business 3. M			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			02222005	Chg-NP	CR2E03	37 (10/03)		
City & State C				City & State			4. FEI Numbe 65-111			<u> </u>	plied For t Applicable	
Zip Country Z			Zip	Cip Count					\$8.75 Add Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
MARCUS, STEPHEN D												
FINANCIAL SOLUTIONS TOWER						Street Address (P.O. Box Number is Not Acceptable)						
2950 W. CYPRESS CREEK RD., STE. 300												
FT. LAUDERDALE, FL 33309												
					City			·	FL	Zip Code	9	
8 The above	named entit	y submits this statement f	or the nurn	ose of changing its	registered office	or registe	ered agent, or hot	h in the State of Flo	orida Lam	familiar with	and accept	
	ions of regist		or the barbe	bac of changing its	registered office	or registe	sica agent, or oo	in, wrate State Diri	onda. Tam	tarrillar Witti,	and accept	
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SIGNATURE .	Signature typed	or printed name of registered ager	t and title if anni	licable (NOTE	: Registered Agent sig	nntura racuita	ad when rejectation)		DATE			
	Signatore, typed	or printed harne or registored ager	п впо вое и арр	(110)2	, registeres regent at	nature require	eo when remotating)		UNIL			
Filing Fee is \$61.25 9. Election Campaign Financing									take checi	k payable t	0	
Due by May 1, 2005				Trust Fund Contribution.			\$5.00 May B Added to Fees	♥ !		tment of Si		
					-		40017/01/01/01			T000 III		
10.		OFFICERS AND D	IRECTORS		11.		ADDITIONS/CH.	ANGES TO OFFICE	HS AND DI	RECTORS IN	10	
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12. I hereby certify that the information supplied with this filling does not qualify 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

Addition