

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

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**



02222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1117625** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCUS, STEPHEN D
 FINANCIAL SOLUTIONS TOWER
 2950 W. CYPRESS CREEK RD., STE. 300
 FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) 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

100000518806
 05/02/06-80029-019 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | DP |
| NAME | MARCUS, STEPHEN D |
| STREET ADDRESS | 2950 W. CYPRESS CREEK RD. #300 |
| CITY- ST- ZIP | FORT LAUDERDALE, FL 33309 |
| TITLE | D |
| NAME | CARNOTO, RENE JR |
| STREET ADDRESS | 2950 W. CYPRESS CREEK RD. |
| CITY- ST- ZIP | FORT LAUDERDALE, FL 33309 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
 IN THIS SPACE**

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 a power like empowered.

SIGNATURE: Stephen D. Marcus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/06
 DATE DAYTIME PHONE #