

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005399

**FILED**  
**May 10, 2004**  
**Secretary of State****Entity Name:** FIRST CONSUMER DEBT CONSOLIDATION, INC.**Current Principal Place of Business:**1490 S. MILITARY TRIAL, STE E7  
DELRAY BEACH, FL 33484**New Principal Place of Business:****Current Mailing Address:**1490 S. MILITARY TRIAL, STE E7  
SUITE 303  
DELRAY BEACH, FL 33484**New Mailing Address:****FEI Number:** 31-1789650**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FEDER, GARY  
11575 HERON BAY BLVD.  
SUITE 309  
CORAL SPRINGS, FL 33076 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:** D ( ) Delete  
**Name:** CARLSEN, JOEL  
**Address:** 108 WESTLEE ROAD  
**City-St-Zip:** DELRAY BEACH, FL 33445**Title:** D ( ) Delete  
**Name:** PANZERA, PINO  
**Address:** 1010 DELRAY LAKES DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33444**Title:** D ( ) Delete  
**Name:** YURKIN, JOSEPH  
**Address:** 265 S. FEDERAL HWY., #238  
**City-St-Zip:** DEERFIELD BEACH, FL 33441**Title:** P ( ) Delete  
**Name:** GOMBOS, JEFF  
**Address:** 10271 E TARA BLVD.  
**City-St-Zip:** BOYNTON BEACH, FL 33437**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:**

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: JEFF GOMBOS

P

05/10/2004

Electronic Signature of Signing Officer or Director

Date