

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 06, 2006
Secretary of State**

DOCUMENT# N01000005399

Entity Name: FIRST CONSUMER DEBT CONSOLIDATION, INC.**Current Principal Place of Business:**14590 S. MILITARY TRAIL
SUITE E-2
DELRAY BEACH, FL 33484**New Principal Place of Business:****Current Mailing Address:**14590 S. MILITARY TRAIL
SUITE E-2
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:**GOMBOS, JEFF
10271 EAST TARA BLVD
BOYNTON BEACH, FL 33437 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: 9041 NEWHOPE COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411Title: D (X) Delete
Name: KENNEDY, EDWARD
Address: 11600 56TH DR SUITE 107
City-St-Zip: CORAL SPRINGS, FL 33076Title: D () Delete
Name: YURKIN, JOSEPH
Address: 265 S. FEDERAL HWY., #238
City-St-Zip: DEERFIELD BEACH, FL 33441Title: 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 Chapter 119, 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: JOEL CARLSEN

D

11/06/2006

Electronic Signature of Signing Officer or Director

Date