

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008032

FILED
Jan 29, 2007
Secretary of State

Entity Name: AMERICAN DEBT COUNSELING, INC.

Current Principal Place of Business:

10762 WILES ROAD
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

10762 WILES ROAD
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 65-1153000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERBERG, ALAN
10762 WILES ROAD
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: DP () Delete
Name: SILVERBERG, ALAN
Address: 12323 SAINT SIMON DR.
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: MILLER, MARSHA
Address: 9900 SUNRISE LAKES BLVD APT 211 BLDG 153
City-St-Zip: SUNRISE, FL 33322

Title: VD () Delete
Name: SILVERBERG, RANDY
Address: 10762 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: BROWN, JOHN
Address: 10762 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33076

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: ALAN SILVERBERG

DP

01/29/2007

Electronic Signature of Signing Officer or Director

Date