

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008032

FILED
Jan 17, 2008
Secretary of State

Entity Name: AMERICAN DEBT COUNSELING, INC.

Current Principal Place of Business:

14051 N.W. 14TH ST
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

14051 N.W. 14TH ST
SUNRISE, FL 33323

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:

SILVERBERG, ALAN
14051 NW 14TH ST.
SUNRISE, FL 33323 US

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: ALAN SILVERBERG

01/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAGA, MARIA C
Address: 9417 RICHMOND CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: VP () Delete
Name: ARROYAVE, ERIKA
Address: 8595 SUNRISE LAKES BLVD. APT. 107
City-St-Zip: SUNRISE, FL 33322

Title: ST () Delete
Name: CARABALLO, MARIA
Address: 9000 ROYAL PALM BLVD. APT. E504
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: FOX, HOPE
Address: 9821 NW 23 ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: BOLIVAR, CLAUDIA
Address: 11157 LAKEAIRE CIR.
City-St-Zip: BOCA RATON, FL 33498

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIA C. BRAGA

P

01/17/2008

Electronic Signature of Signing Officer or Director

Date