

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008253

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: DEBT RELIEVERS CREDIT COUNSELING, INC.

**Current Principal Place of Business:**

4770 N.W. 2ND AVE., STE. B  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4770 N.W. 2ND AVE., STE. B  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 01-0631953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDEVITT, DENNIS  
4770 N.W. 2ND AVE., STE. B  
BOCA RATON, FL 33431 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: WHALON, PHILIP  
Address: 4770 N.W. 2ND AVE., STE. B  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: MCDEVITT, RONALD  
Address: 4770 NW 2ND AVE STE B  
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Delete  
Name: REED, ROBERT  
Address: 4770 NW 2ND AVE STE B  
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Delete  
Name: QUINTERO, LORI  
Address: 4770 NW 2ND AVE STE B  
City-St-Zip: BOCA RATON, FL 33431

**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: RONALD MCDEVITT

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date