


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

DOCUMENT # N02000000075 1. Entity Name FEDERATED FINANCIAL DEBT MANAGEMENT GROUP, INC.	
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FILED

04 MAY 10 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3275 W HILLSBORO BLVD, SUITE 207 DEERFIELD BEACH, FL 33442	Mailing Address 3275 W HILLSBORO BLVD, SUITE 207 DEERFIELD BEACH, FL 33442
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04292004 No Chg-NP CR2E037 (10/03) *04*

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\$61.25

4. FEI Number 80-0019808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD, SUITE 207
DEERFIELD BEACH, FL 33442**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RITA 3275 W HILLSBORO BLVD, SUITE 207 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINTRAUB, TED 3275 W HILLSBORO BLVD, SUITE 207 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, ANTHONY G JR. 3275 W HILLSBORO BLVD, SUITE 207 DEERFIELD BEACH, FL 33442
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Rita Miller* **4/30/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #