

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 MAY -9 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000075

1. Entity Name
FEDERATED FINANCIAL DEBT MANAGEMENT GROUP,
INC.



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



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0019808

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-06

5/19/06