2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# N02000003755

Entity Name: DEBT REDUCTION SOLUTIONS, INC.

Current Principal Place of Business:

2300 TALL PINES DR.
STE. 100
LARGO, FL 337711

New Principal Place of Business:

Current Mailing Address:

2300 TALL PINES DR.
STE. 100
LARGO, FL 337711

New Mailing Address:

FEI Number: 02-0617416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLODIG, GREGORY J
100 W CYPRESS CREEK RD #700
FT LAUDERDALE, FL 33309 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: HANGGE, TIM
Address: 2300 TALL PINES DR., STE. 100
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete
Name: ALLARO, BRYAN
Address: 2300 TALL PINES DR., STE. 100
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D ( ) Delete
Name: DOYLE, DAN
Address: 2300 TALL PINES DR., STE. 100
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: ALLARD, BRYAN
Address: 2300 TALL PINES DR., STE. 100
City-St-Zip: ST. PETERSBURG, FL 33709

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: TIMOTHY A HANGGE PRES 07/06/2005

Electronic Signature of Signing Officer or Director — Date