

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003755

FILED
Jan 19, 2006
Secretary of State

Entity Name: DEBT ASSISTANCE SERVICES, INC.

Current Principal Place of Business:

2300 TALL PINES DR.
STE. 100
LARGO, FL 33771

New Principal Place of Business:

PO BOX 21195
SAINT PETERSBURG, FL 33716

Current Mailing Address:

2300 TALL PINES DR.
STE. 100
LARGO, FL 33771

New Mailing Address:

PO BOX 21195
SAINT PETERSBURG, FL 33716

FEI Number: 02-0617416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: ALLARD, 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: D (X) Change () Addition
Name: HANGGE, TIM
Address: PO BOX 21195
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D (X) Change () Addition
Name: ALLARD, BRYAN
Address: PO BOX 21195
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D (X) Change () Addition
Name: DOYLE, DAN
Address: PO BOX 21195
City-St-Zip: SAINT PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY HANGGE

PRES

01/19/2006

Electronic Signature of Signing Officer or Director

Date