2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006
Secretary of State

DOCUMENT# N02000005623

Entity Name: CREDIT COUNSELING, INC.

Current Principal Place of Business:

10774 WILES RD
CORAL SPRINGS, FL 33305

New Principal Place of Business:

Current Mailing Address:

10774 WILES RD
CORAL SPRINGS, FL 33305

New Mailing Address:

FEI Number: 14-1839282 **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:

SILVERBERG, ALAN
12323 ST SIMONE DR
BOCA RATON, FL 33428 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:	PD	( ) Delete
Name:	SILVERBERG, ALAN	
Address:	12323 ST SIMONE DR	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	T	( ) Delete
Name:	SILVERBERG, RANDY	
Address:	12323 ST SIMONE DR	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	D	( ) Delete
Name:	MILLER, MARSHA	
Address:	9900 SUNRISE LAKES BLVD APT 211, BLDG 153	
City-St-Zip:	SUNRISE, FL 33322	
Title:	D	( ) Delete
Name:	HOLLANDER, DAVID	
Address:	2701 FOREST HILLS BLVD	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	VP	( ) Delete
Name:	HOLLANDER, DAVID	
Address:	10774 WILES RD	
City-St-Zip:	CORAL SPRINGS, FL 33305	

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:	
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 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: ALAN SILVERBERG P 06/30/2006
Electronic Signature of Signing Officer or Director — Date