2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006947

FILED May 01, 2007 Secretary of State

Entity Name: FREEDOM DEBT MANAGEMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 4000 N. FEDERAL HWY, SUITE 202 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 4000 N. FEDERAL HWY, SUITE 202 BOCA RATON, FL 33431 FEI Number: 52-2376670 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: Name and Address of New Registered Agent: JURASINSKI, ANTHONY 4000 N. FEDERAL HWY, SUITE 202 BOCA RATON, FL 33431 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTCD () Change () Addition () Delete JURASINSKI, ANTHONY MR Name: Name: 4000 N. FEDERAL HWY, SUITE 202 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KRIEDELL, KEVIN MR Name: Address: 4000 N. FEDERAL HWY, SUITE 202 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition PRICE, JOHN MR Name: Name: 400 VILLAGE BLVD., SUITE B Address: Address: City-St-Zip: W. PALM BEACH, FL 33409 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DIMAIO, RICHARD Name: BARTON, WAYNE 6005 SANTA MARGARITA DR Address: Address: 269 N.E. 14TH ST. City-St-Zip: FORT PIERCE, FL 34951 City-St-Zip: BOCA RATON, FL 33432 Title: () Delete Title: () Change (X) Addition BOGEN, YALE Name: Name: 200 SO. BISCAYNE BLVD #1818 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY JURASINSKI PTCD 05/01/2007