2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000006947

FILED Jul 12, 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 ()

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

PTCD () Delete (X) Change () Addition JURASINSKI, ANTHONY MR JURASINSKI, ANTHONY MR Name: Name: 4000 N. FEDERAL HWY, SUITE 202 Address: 4000 N. FEDERAL HWY, SUITE 202 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

Title: VD () Delete Title: (X) Change () Addition KRIEDELL, KEVIN MR Name: TOKARSKI, CHRISTINE MS Name: Address: 4000 N. FEDERAL HWY, SUITE 202 Address: 4000 N. FEDERAL HWY, SUITE 202

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

Title: () Delete Title: (X) Change () Addition

PRICE, JOHN MR PRICE, JOHN MR Name: Name: 2523 INDIAN BLUFFS DRIVE 400 VILLAGE BLVD., SUITE B Address: Address:

City-St-Zip: W. PALM BEACH, FL 33409 City-St-Zip: DACULA, GA 30019

Title: () Delete Title: () Change () Addition

Name: BARTON, WAYNE Name: Address: 269 N.E. 14TH ST. Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip:

Title: () Delete Title: () Change () Addition

BOGEN, YALE Name: Name: 200 SO. BISCAYNE BLVD #1818 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip:

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 **PSCD** 07/12/2007