

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006947

FILED
Mar 23, 2009
Secretary of State

Entity Name: FREEDOM DEBT MANAGEMENT, INC.

Current Principal Place of Business:

941A CLINT MOORE RD.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

941A CLINT MOORE RD.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 52-2376670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JURASINSKI, ANTHONY
941A CLINT MOORE RD.
BOCA RATON, FL 33487 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: PSCD () Delete
Name: JURASINSKI, ANTHONY MR
Address: 941A CLINT MOORE RD
City-St-Zip: BOCA RATON, FL 33487

Title: VTD () Delete
Name: TOKARSKI, CHRISTINE MS
Address: 941A CLINT MOORE RD.
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: PRICE, JOHN MR
Address: 2523 INDIAN BLUFFS DRIVE
City-St-Zip: DACULA, GA 30019

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

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

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 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date