

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 13, 2011
Secretary of State

DOCUMENT# N02000008142

Entity Name: PREMIER CONSUMER CREDIT COUNSELING, INC.**Current Principal Place of Business:**5201 BLUE LAGOON DRIVE
SUITE 800
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**5201 BLUE LAGOON DRIVE
SUITE 800
MIAMI, FL 33126**New Mailing Address:****FEI Number:** 71-0912082 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GLEN, JUAN G
5201 BLUE LAGOON DRIVE
SUITE 800
MIAMI, FL 33126 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:** PSTD
Name: GLEN, JUAN G
Address: 5201 BLUE LAGOON DRIVE SUITE 800
City-St-Zip: MIAMI, FL 33126**Title:** SECY
Name: DEL REY, ORLANDO
Address: 5201 BLUE LAGOON DRIVE SUITE 800
City-St-Zip: MIAMI, FL 33126**Title:** D
Name: DEL REY, ORLANDO
Address: 5201 BLUE LAGOON DRIVE SUITE 800
City-St-Zip: MIAMI, FL 33126**Title:** D
Name: LAINO, MARIELA
Address: 5201 BLUE LAGOON DRIVE SUITE 800
City-St-Zip: MIAMI, FL 33126

I hereby 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 all other like empowered.

SIGNATURE: JUAN GLEN

PSDT

09/13/2011

Electronic Signature of Signing Officer or Director

Date