2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # N0400002541 1. Entity Name DYNAMIC CREDIT COUNSELING, INC.				05	5-04-2005 90177 (006 ****61.	25
Principal Plac 600 N. THAG KISSIMMEE	KER AVENUE	Mailing Address 600 N: THACKER AVENUE KISSIMMEE, FL 34741	<u> </u>		50	04799	5
2. Principal Place of Business		3. Mailing Address 2750 Hichigan Ave_		13008040010000	DIAN BANK BANK BANK ALIK		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292005 CI	hg-NP CR2E	037 (10/03)	
City & State		KISSIN MEE, FC		4. FEI Number 20 - 0	847093	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Add	itlonal
	6. Name and Address of Current	Registered Agent	ESCECT	7. Name and Add	Iress of New Registere	<u> </u>	•
LUDAL CO	MADOOC		Name Ma	12C105 H	dA190		
HIDALGO, MARCOS 60 0_N, THACKER A<u>V</u>ENUE			Street Address (P.O. Box Number is Not Acceptable)				
KISOIMME	E, FL 34/41		2750	U.ch. Que	, die	#1	
- 19 Aug.			City K/S	City KISS IM WCE FL Zip Code 34744			
	named entity submits this statement for	or the purpose of changing its re	gistered office or reg		the State of Florida. I a	m familiar with,	and accept
the obligat	tions of registered agent.				1	1	
√ SIGNATURE⊿		<u> </u>			4/3	0/05	<u>_</u>
•	Signature, typed or entitled name of peristered agent	and title if applicable. (NOTE: F	legistered Agent slansture red	uired when reinstating)	# DATE	: /	
•	Slovatur amediar printed name of edistance agent		Registered Agent signature rec		/ DATE	-1	
•	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Col	aign Financing	\$5.00 May Be Added to Fees		ck payable to artment of St	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401-935-040C