
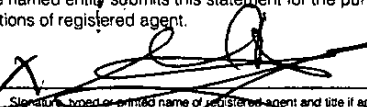
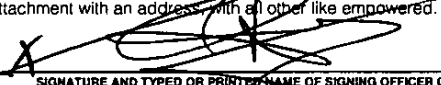


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2005 90177 006 ****61.25

DOCUMENT # N04000002541 1. Entity Name DYNAMIC CREDIT COUNSELING, INC.					
Principal Place of Business 600 N. THACKER AVENUE KISSIMMEE, FL 34741			Mailing Address 600 N. THACKER AVENUE KISSIMMEE, FL 34741		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address 2750 Michigan Ave #1 Suite, Apt. #, etc. #1 City & State Kissimmee, FL Zip 34744		
Country OSCEOLA			4. FEI Number 20-0847093 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04292005 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent HIDALGO, MARCOS 600 N. THACKER AVENUE KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name MARCOS HIDALGO Street Address (P.O. Box Number is Not Acceptable) 2750 Michigan Ave #1 City KISSIMMEE FL Zip Code 34744		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: 4/30/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HIDALGO, MARCOS STREET ADDRESS 600 N. THACKER AVENUE CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE P/D NAME MARCOS HIDALGO STREET ADDRESS 2750 MICHIGAN AVE #1 CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MELENDEZ, MARIA M STREET ADDRESS 600 N. THACKER AVENUE CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE T/D NAME MARIA M. MELENDEZ STREET ADDRESS 2750 MICHIGAN AVE #1 CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ARELLANO, ARMANDO STREET ADDRESS 600 N. THACKER AVENUE CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE S/D NAME ARMANDO ARELLANO STREET ADDRESS 2750 MICHIGAN AVE #1 CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FERNANDEZ, MANUEL STREET ADDRESS 600 N. THACKER AVENUE CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE D NAME MANUEL FERNANDEZ STREET ADDRESS 2750 MICHIGAN AVE #1 CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TORRES, CARMEN J STREET ADDRESS 600 N. THACKER AVENUE CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete		TITLE D NAME 2750 MICHIGAN AVE #1 CITY-ST-ZIP KISSIMMEE, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME Nazario Linda STREET ADDRESS 2750 Michigan Ave. CITY-ST-ZIP Suite I, Kissimmee FL 34744	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE: 4/29/05 407-935-0400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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