## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003373

FILED Apr 27, 2005 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF CERTIFIED CREDIT COUNSELORS INC.

**Current Principal Place of Business: New Principal Place of Business:** 322 THIRD AVENUE INDIALANTIC, FL 32903 **Current Mailing Address: New Mailing Address:** 322 THIRD AVENUE INDIALANTIC, FL 32903 FEI Number: 20-1418677 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: AIELLO, HEATHER 322 THIRD AVENUE INDIALANTIC, FL 32903 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete AIELLO, HEATHER Name: Name: 322 THIRD AVENUE Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: AIELLO, JOHN Name: Address: 322 THIRD AVENUE Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition EVANS, AMANDA Name: EVANS, AMANDA Name: 322 THIRD AVENUE 582 HEATHER AVE. NE Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: PALM BAY, FL 32907 Title: (X) Delete Title: () Change () Addition BRADBURRY, KELLY Name: Name: Address: 322 THIRD AVENUE Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition LYMAN, ARTHUR RICHARD IV LYMAN, ARTHUR RICHARD IV Name: Name: 322 THIRD AVENUE 1410 LINDSAY LANE Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: HAGERSTOWN, MD 33026 Title: () Delete Title: (X) Change ( ) Addition PETRILLO, KATHY M PETRILLO, KATHY M Name: Name: Address: 322 THIRD AVENUE Address: 8535 SOUTH EAST BANYAN STREET INDIALANTIC, FL 32903 HOBE SOUND, FL 33445 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEATHER AIELLO D 04/27/2005