

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009522

FILED
Apr 01, 2006
Secretary of State

Entity Name: FORECLOSURE COUNSELORS, INC.

Current Principal Place of Business:

8908 ADAMS WALK DRIVE
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:
8908 ADAMS WALK DRIVE
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 73-1720061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUOMO, TOM
8908 ADAMS WALK DRIVE
JACKSONVILLE, FL 32257 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: D () Delete
Name: CUOMO, TOM
Address: 8908 ADAMS WALK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: PELLINO, MARTHA C
Address: 400 E. BAY STREET APT 2006
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: HALLS, RENRICK
Address: 3580 PALLMALL DRIVE APT. 1502
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: GILBER3T, JEFFREY
Address: 7701 TIMBERLIN PARK BLVD. APT. 1313
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: GONALEZ, DAVID
Address: 12465 NESTING EAGLES WAY
City-St-Zip: JACKSONVILLE, FL 32225

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: TOM CUOMO

CEO

04/01/2006

Electronic Signature of Signing Officer or Director

Date