


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90005 030 \*\*\*\*70.00

<b>DOCUMENT # N95000000911</b>					
<b>1. Entity Name</b> A NEW HORIZON, CREDIT COUNSELING SERVICES, INC.					
<b>Principal Place of Business</b> 500 FAIRWAY DRIVE., STE 208 DEERFIELD BEACH, FL 33441 US			<b>Mailing Address</b> 500 FAIRWAY DRIVE., STE 208 DEERFIELD BEACH, FL 33441 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0564008	
<b>5. Certificate of Status Desired</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  MARCUS, STEPHEN D 500 FAIRWAY DRIVE., STE 208 DEERFIELD BEACH, FL 33441				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DPS <b>NAME</b> MARCUS, STEPHEN D <b>STREET ADDRESS</b> 500 FAIRWAY DRIVE., STE 208 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Yosi Ende <b>STREET ADDRESS</b> 500 Fairway Drive, Ste. 208 <b>CITY-ST-ZIP</b> Deerfield Beach, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LISBIN, JUDI <b>STREET ADDRESS</b> 500 FAIRWAY DRIVE., STE 208 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> June Layfield <b>STREET ADDRESS</b> 500 Fairway Drive, Ste. 208 <b>CITY-ST-ZIP</b> Deerfield Beach, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CARNOTO, RENE O <b>STREET ADDRESS</b> 500 FAIRWAY DRIVE., STE 208 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Stephen D. Marcus</u> / Stephen D. Marcus 1/9/04 (954) 420-0402 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					