

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000000911											
1. Entity Name A NEW HORIZON, CREDIT COUNSELING SERVICES, INC.											
Principal Place of Business 2950 W CYPRESS CREEK RD SUITE 300 FT LAUDERDALE, FL 33309 US			Mailing Address 2950 W CYPRESS CREEK RD SUITE 300 FT LAUDERDALE, FL 33309 US								
2. Principal Place of Business - No P.O. Box # 2950 w Cyp Crk Rd Suite, Apt. #, etc. 201 City & State Ft. Lauderdale, FL Zip 33309 Country USA		3. Mailing Address 2950 W Cyp Crk Rd Suite, Apt. #, etc. 201 City & State Ft. Lauderdale, FL Zip 33309 Country USA		APPROVED AND FILED 07 NOV -5 PM 5:29 11/6/07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 11012007 Chg-NP CR2E037 (12/06) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 65-0564008</td> <td style="padding: 2px;">Applied For Not Applicable</td> </tr> </table> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 65-0564008	Applied For Not Applicable				
4. FEI Number 65-0564008	Applied For Not Applicable										
6. Name and Address of Current Registered Agent MARCUS, STEPHEN D FINANCIAL SOLUTIONS TOWER 2950 W CYPRESS CREEK RD STE 300 FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL Zip Code										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
Amended AR is \$61.25		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	DPS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	MARCUS, STEPHEN D		NAME	Fran Parra							
STREET ADDRESS	2950 W CYPRESS CREEK RD, #300		STREET ADDRESS	2950 W Cyp Crk Rd, Ste 201							
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309							
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	CARNOTO, RENE O		NAME	Dr. Richard Levine							
STREET ADDRESS	2950 W CYPRESS CREEK RD, #300		STREET ADDRESS	2950 W Cyp Crk Rd, Ste 201							
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309							
TITLE	D	<input type="checkbox"/> Delete	TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	TAVARES, ELVIS		NAME	Stephen Marcus							
STREET ADDRESS	2950 W CYPRESS CREEK RD STE300		STREET ADDRESS	2950 W Cyp Crk Rd, Ste 201							
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309							
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME			NAME	Elvis Tavares							
STREET ADDRESS			STREET ADDRESS	2950 W Cyp Crk Rd, Ste 201							
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Lauderdale, FL 33309							
TITLE		<input type="checkbox"/> Delete	TITLE								
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE								
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Stephen D. Marcus</u>			10/31/07								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>								
			<small>Daytime Phone #</small>								