

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000067

FILED  
Jan 21, 2005  
Secretary of State

**Entity Name:** CONTINENTAL CREDIT COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD.  
SUITE 1430  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4770 BISCAYNE BLVD.  
SUITE 1430  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 65-0816738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZIEPER, LAURENCE E  
4770 BISCAYNE BLVD.  
SUITE 1430  
MIAMI, FL 33137 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: ZIEPER, LAURENCE E  
Address: 4770 BISCAYNE BLVD, SUITE 1430  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: STOFFER, MERYL E  
Address: 11 SAMI COURT  
City-St-Zip: ENLISTOWN, NY 07726

Title: D ( ) Delete  
Name: DVORKIN, HOWARD  
Address: 5800 N.W. 63RD PLACE  
City-St-Zip: PARKLAND, FL 33067

**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:

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: LAURENCE ZIEPER

MR

01/21/2005

Electronic Signature of Signing Officer or Director

Date