

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 20, 2008**  
**Secretary of State**

DOCUMENT# N98000000067

**Entity Name:** CONTINENTAL CREDIT COUNSELING SERVICES, INC.**Current Principal Place of Business:**1506 NE 162 STREET  
NORTH MIAM BEACH, FL 33162**New Principal Place of Business:****Current Mailing Address:**1506 N.E. 162ND STREET  
NORTH MIAMI BEACH, FL 33162**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  
1506 NE 162 STREET  
NORTH MIAMI BEACH, FL 33162 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:** 1506 NE 162 STREET  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162**Title:** D (X) Delete  
**Name:** STOFFER, MERYL E  
**Address:** 11 SAMI COURT  
**City-St-Zip:** ENLISTOWN, NY 07726**Title:** D (X) Delete  
**Name:** DVORKIN, HOWARD  
**Address:** 5800 N.W. 63RD PLACE  
**City-St-Zip:** PARKLAND, FL 33067**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPS (X) Change ( ) Addition  
**Name:** ZIEPER, LAURENCE E  
**Address:** 1506 NE 162 STREET  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162**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: THOMAS O. KATZ

POA

05/20/2008

Electronic Signature of Signing Officer or Director

Date