2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N98000001707

Entity Name: A FAMILY BUDGET COUNSELING, INC.

Current Principal Place of Business:

3410-B N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

3410-B N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 11-3403606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOENIG, CHRISTINA
118 5TH AVE.
LEHIGH ACRES, FL 33936 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:	T	( ) Delete
Name:	KOENIG, CHRISTINA	
Address:	118 5TH AVENUE	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	VPD	( ) Delete
Name:	FARINELLA, DIANE	
Address:	173 EAST DRIVE	
City-St-Zip:	NOMASSADEQUA, NY 11758	
Title:	TD	( ) Delete
Name:	FARINELCA, CAROL	
Address:	80 ALPINE WAY	
City-St-Zip:	HUNT, NY 11746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	FARINELLA, CAROL	
Address:	80 ALPINE WAY	
City-St-Zip:	HUNT, NY 11746	

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: CHRISTINA KOENIG PRES 06/30/2005

Electronic Signature of Signing Officer or Director — Date