

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005479

FILED
Apr 23, 2008
Secretary of State

Entity Name: MILITARY DEBT MANAGEMENT AGENCY, INC.

Current Principal Place of Business:

39 MAPLE AVE
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 726
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3533869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONETARY MANAGEMENT SYSTEMS, INC.
39 MAPLE AVE
SHALIMAR, FL 32579 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: BREAZEALE, SOMMAI J
Address: 39 MAPLE AVE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: BREAZEALE II, B T MFM,RFP
Address: 39 MAPLE AVE
City-St-Zip: SHALIMAR, FL 32579

Title: VP () Delete
Name: PIJMA, KIMBERLY H
Address: 4086 INDIAN TRAIL
City-St-Zip: DESTIN, FL 32541

Title: C () Delete
Name: PETERSEN, NICKOLAS G ESQ
Address: 12 OLD FERRY ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: VAN HOESSEN, WILLIAM
Address: 1687 HWY 98 W #3
City-St-Zip: MARRY ESTHER, FL 32569

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FOLEY, ROBERT M
Address: 254 ECHO CIR
City-St-Zip: FORT WALTON BEACH, FL 32548

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: TOM BREAZEALE

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date