

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005479

FILED
Mar 26, 2010
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:

39 MAPLE AVE
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/S
Name: BREAZEALE, SOMMAI J
Address: 39 MAPLE AVE
City-St-Zip: SHALIMAR, FL 32579

Title: C/P
Name: BREAZEALE II, B T MFM,RFP
Address: 39 MAPLE AVE
City-St-Zip: SHALIMAR, FL 32579

Title: D
Name: PETERSEN, NICKOLAS G ESQUIRE
Address: 662 E HWY. 98 UNIT 250
City-St-Zip: DESTIN, FL 32541

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

Title: D
Name: FOLEY, ROBERT M
Address: 254 ECHO CIR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: GANSBURG, YOSEF RABBI
Address: 7530 LYONS
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: B. THOMAS BREAZEALE

CEO

03/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date