2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005479

FILED Mar 21, 2012 Secretary of State

Entity Name: MILITARY DEBT MANAGEMENT AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business:

39 MAPLE AVE 39 MAPLE AVE

SHALIMAR, FL 32579 SHALIMAR, FL 32579 UN

Current Mailing Address: New Mailing Address:

39 MAPLE AVE SHALIMAR, FL 32579

FEI Number: 59-3533869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ERICA L. FRANQUI, P.A 1071 NE 204TH TERRACE

NORTH MIAMI BEACH, FL 33179 US

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:

SIMONDS, JERRY J Name: Address: 10278 FERRY LAKE ROAD City-St-Zip: OIL CITY, LA 71061

Title:

Name: BREAZEALE II, B T MFM,RFP

Address: 39 MAPLE AVE City-St-Zip: SHALIMAR, FL 32579

Title:

PETERSEN, NICKOLAS G ESQUIRE Name:

Address: 662 E HWY. 98 UNIT 250 City-St-Zip: DESTIN, FL 32541

Title: D/S

Name: VAN HOESEN, WILLIAM 1687 HWY 98 W #3 Address:

City-St-Zip: MARY ESTHER, FL 32569

Title:

FOLEY, ROBERT M Name: Address: 254 ECHO CIR

FORT WALTON BEACH, FL 32548 City-St-Zip:

Title:

YOUNG, CHRISTOPHER Name: Address: 233 NW 119TH DRIVE CORAL SPRINGS, FL 33071 City-St-Zip:

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.

C/PR SIGNATURE: B. T. BREAZEALE 03/21/2012