2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900001000

FILED Apr 03, 2008 Secretary of State

Entity Name: NATIONAL FOUNDATION FOR DEBT MANAGEMENT, INC.

	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
14104 58T CLEARW <i>A</i>	H ST. N. ATER, FL 33760			
Current Mailing Address:		New Mailing Address:		
14104 58T CLEARW <i>A</i>	H ST. N. ATER, FL 33760			
FEI Number:	59-3556825 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:		
DYER, RA 14104 58T CLEARW <i>I</i>				
	named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, o	r both,	
SIGNATUR				
	Electronic Signature of Registered	Agent Date		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS:	
Title: Name: Address:	ED () Delete DYER, RALPH R 14104 58TH ST N. CLEARWATER, FL 33760	Title: () Change () Addition Name: Address:		
Jity-St-∠ip:	'	City-St-Zip:		
Γitle: Name: Address:	CFO () Delete HASSIE, PAUL A 14104 58TH ST N. CLEARWATER, FL 33760	Title: () Change () Addition Name: Address: City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CFO () Delete HASSIE, PAUL A 14104 58TH ST N.	Title: () Change () Addition Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	CFO () Delete HASSIE, PAUL A 14104 58TH ST N. CLEARWATER, FL 33760 D () Delete TASH, JOSEPH 6061 GULFPORT BOULEVARD	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CFO () Delete HASSIE, PAUL A 14104 58TH ST N. CLEARWATER, FL 33760 D () Delete TASH, JOSEPH 6061 GULFPORT BOULEVARD GULFPORT, FL 33707 D () Delete CHOWDHURY, SUSANTI 1945 EAST BAY DRIVE	Title: () Change () Addition Name: Address: City-St-Zip: 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: RALPH R DYER ED 04/03/2008