

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90015 042 \*\*\*\*61.25

**40009709**



01202005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N99000003218</b> 1. Entity Name <b>DEBT MANAGEMENT CREDIT COUNSELING CORP.</b>					
Principal Place of Business <b>700 BANYAN TRAIL SUITE 300 BOCA RATON, FL 33431</b>			Mailing Address <b>700 BANYAN TRAIL SUITE 300 BOCA RATON, FL 33431</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ULLMAN, MICHAEL 150 E PALMETTO PARK RD STE 650 BOCA RATON, FL 33432</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST LANE, JAMES <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	4004 N.W. 62ND COURT		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	DVP PELLIGRINO, KAREN <input type="checkbox"/> Delete		TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Karen Pellegrino	
STREET ADDRESS	1013 GREEN PINE BLVD		STREET ADDRESS	3033 Marbella Court	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, Florida 33409	
TITLE	DP WALTER, CHARLES <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Charles Walter	
STREET ADDRESS	2205 S CONGRESS BEND DRIVE # 804		STREET ADDRESS	2205 S. Cypress Bend Dr. #804	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	Pompano Beach, Florida 33069	
TITLE	D LOCONTE, MICHAEL <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Michael LoConte	
STREET ADDRESS	1114 GREENPINE BLVD #102		STREET ADDRESS	1114 Greenpine Blvd. #H-2	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	West Palm Beach, Florida 33409	
TITLE	DT JARVIS, WAYNE J <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	777 JEFFERY ST#402		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> <i>Charles Walter</i>			1-26-05 561-981-0132		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		