

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003218

FILED
Apr 24, 2006
Secretary of State

Entity Name: DEBT MANAGEMENT CREDIT COUNSELING CORP.

Current Principal Place of Business:

700 BANYAN TRAIL
SUITE 300
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

700 BANYAN TRAIL
SUITE 300
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0923483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULLMAN, MICHAEL
150 E PALMETTO PARK RD
STE 650
BOCA RATON, FL 33432 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: DST () Delete
Name: LANE, JAMES
Address: 4004 N.W. 62ND COURT
City-St-Zip: COCONUT CREEK, FL 33073

Title: DVP () Delete
Name: PELLIGRINO, KAREN
Address: 3033 MARBELLA COURT
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DP () Delete
Name: WALTER, CHARLES
Address: 2205 SOUTH CYPRESS BEND DRIVE #804
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: LOCONTE, MICHAEL
Address: 1114 GREENPINE BOULEVARD #H-2
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DT () Delete
Name: JARVIS, WAYNE J
Address: 777 JEFFERY ST#402
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: WALTER, CHARLES
Address: 3095 N. COURSE DRIVE, #1002
City-St-Zip: POMPANO BEACH, FL 33069

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 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: BONNIE L. CANTY

ED

04/24/2006

Electronic Signature of Signing Officer or Director

Date