


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # N99000003218 | |  |
| 1. Entity Name DEBT MANAGEMENT CREDIT COUNSELING CORP. | | |

FILED

07 SEP 26 PM 2:10

CLERK OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 700 BANYAN TRAIL SUITE 300 BOCA RATON, FL 33431 | Mailing Address 700 BANYAN TRAIL SUITE 300 BOCA RATON, FL 33431 |
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| 2. Principal Place of Business - No P.O. Box # 700 W. HILLSBORO BLVD. | 3. Mailing Address 700 W. HILLSBORO BLVD. |
| Suite, Apt. #, etc. BLDG 1, SUITE 105 | Suite, Apt. #, etc. BLDG 1, SUITE 105 |
| City & State DEERFIELD BEACH, FL | City & State DEERFIELD BEACH, FL |
| Zip 33441 | Country USA |

09132007 Chg-NP CR2E037 (12/06)

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|---|--------------------------------|
| 4. FEI Number 65-0923483 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CANTY, BONNIE L ESQ 700 BANYAN TRAIL SUITE 200 BOCA RATON, FL 33431 | 7. Name and Address of New Registered Agent Name CANTY, BONNIE L. ESQ Street Address (P.O. Box Number is Not Acceptable) 700 W. HILLSBORO BLVD BLDG 1, SUITE 107 City DEERFIELD BEACH FL Zip Code 33441 |
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|-----------------------|---|-----------------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|-----------------------|---|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST LANE, JAMES 4022 RIDGEVIEW LANE HURRICANE, WV 25526 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300110841633 10/18/07--01015--024 **\$61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP PELLIGRINO, KAREN 3033 MARBELLA COURT WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WALTER, CHARLES 3095 N. COURSE DRIVE, #1002 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JARVIS, WAYNE 777 JEFFREY STREET, APT 402 BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.

SIGNATURE:

Charles Walter **CHARLES WALTER** 9/21/07 954-536-0921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone