


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90379 013 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000065396	
1. Entity Name DEBT RELIEVERS, INC.	

11038688

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4770 N.W. Boca Raton Blvd Suite, Apt. #, etc. Ste. B		3. Mailing Address Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33431	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1118630	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name DENNIS C. McDEVITT	
Street Address (P.O. Box Number is Not Acceptable) 4770 NW BOCA RATON BLVD	
City BOCA RATON	FL Zip Code 33431

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.

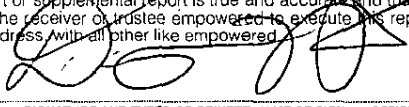
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.S.T. McDEVITT, DENNIS 4770 N.W. Boca Raton Blvd Ste B Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date 4/30/03	Daytime Phone # 561 997-9293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENNIS McDEVITT		

CR2E034B (12/02)