


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90338 031 ***150.00

DOCUMENT # P01000092285 1. Entity Name DEBT MANAGEMENT CENTER, INC.																																																																																																																																																											
Principal Place of Business 8601 4TH ST. NORTH, STE. 300 ST. PETERSBURG, FL 33702			Mailing Address 8601 4TH ST. NORTH, STE. 300 ST. PETERSBURG, FL 33702																																																																																																																																																								
2. Principal Place of Business 5005 West Laurel St # 213		3. Mailing Address 5005 West Laurel St # 213																																																																																																																																																									
Suite, Apt. #, etc. # 213		Suite, Apt. #, etc. # 213																																																																																																																																																									
City & State Tampa, FL		City & State Tampa, FL																																																																																																																																																									
Zip 33603		Country USA		4. FEI Number 59-3745253																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																																									
6. Name and Address of Current Registered Agent TUCCARONE, CHRISTOPHER M 8601 4TH STREET NORTH SUITE 300 SAINT PETERSBURG, FL 33702 <i>Address change only</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5005 West Laurel St # 213 City Tampa FL Zip Code 33603																																																																																																																																																							
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: <i>Christopher M. Tuccarone</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4-13-05</i>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00																																																																																																																																																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																											
SIGNATURE: <i>Christopher M. Tuccarone</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: <i>4-13-05</i> DAYTIME PHONE #: <i>813 477-7480</i>																																																																																																																																																											