


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90241 017 \*\*\*150.00

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| <b>DOCUMENT # P02000007645</b><br>1. Entity Name<br><b>THE DEBT RELIEF CENTER, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>12103 70TH STREET<br/>LARGO, FL 33773</b> | Mailing Address<br><b>12103 70TH STREET<br/>LARGO, FL 33773</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

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|  |   |
| 04222004   | No Chg-P CR2E034 (10/03)                  |
| 4. FEI Number<br><b>04-3589750</b>   | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75 Additional<br/>Fee Required</b> |

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| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATE CREATIONS NETWORK INC<br/>941 FOURTH STREET #200<br/>MIAMI BEACH, FL 33139</b> |
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**DO NOT WRITE  
IN THIS SPACE**


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

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUBINO, CRAIG M<br>12103 70TH STREET<br>LARGO, FL 33773       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHULTZ, FRANCIS<br>12103 70TH STREET<br>LARGO, FL 33773      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUBINO, CHRISTOPHER P<br>12103 70TH STREET<br>LARGO, FL 33773 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MILLER, WESLEY<br>12103 70TH STREET<br>LARGO, FL 33773        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:**  **4/27/04 787 638-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #