


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000077923 1. Entity Name DEBT CONSOLIDATION ALLIANCE, INC.	
---	---

Principal Place of Business 8526 EAST FT. COOPER ROAD INVERNESS, FL 34450	Mailing Address 8526 EAST FT. COOPER ROAD INVERNESS, FL 34450
---	---

DO NOT WRITE IN THIS SPACE

FILED

05 MAY -2 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1019220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR
 3275 W HILLSBORO BLVD #207
 DEERFIELD BCH, FL 33442

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: _____

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	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	COLEMAN, ANTHONY G JR.
STREET ADDRESS	8526 EAST FT. COOPER ROAD
CITY - ST - ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

900054228959

05/10/05--01090--001 **4423.75

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: _____ (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 4/27/05 DAYTIME PHONE # _____