


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000077927	
1. Entity Name 1ST DEBT CONSOLIDATION ALLIANCE, INC.	

Principal Place of Business 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442	Mailing Address 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442
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DO NOT WRITE IN THIS SPACE

#150.00

FILED

04 MAY 10 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04292004 No Chg-P CR2E034 (10/03) 04

4. FEI Number 65-1019217	Applied For 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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 EISENBERG, ANDREW 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442
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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  4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #