2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016366

SIMONS, JASON

2073 DISCOVERY CIR E

DEERFIELD BEACH, FL 33442

Name:

Address:

City-St-Zip:

Entity Name: DISCOUNT DEBT SOLUTIONS, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1645 PALM BEACH LAKES BLVD STE 490 WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 1645 PALM BEACH LAKES BLVD STE 490 WEST PALM BEACH, FL 33401 FEI Number: 25-1902474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMONS, JASON V PRESIDE 1645 PALM BEACH LAKES STE 490 WEST PALM BEACH, FL 33401 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DST () Delete Title: () Change () Addition OLDE, RICHARD Name: Name: 212 SPYGLASS LANE Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MYERS, ANDREW Name: 7605 WOODSMUIR DRIVE Address: Address: WEST PALM BEACH, FL 33412 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BLOTNICK, WILLIAM Name: Name: 210 SPYGLASS LANE Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: PD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JASON V. SIMONS PRES 04/29/2005