

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016366

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: DISCOUNT DEBT SOLUTIONS, INC.

## Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD  
STE 490  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

1645 PALM BEACH LAKES BLVD  
STE 490  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 25-1902474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMONS, JASON V PRESIDE  
1645 PALM BEACH LAKES  
STE 490  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

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:

Title: DST ( ) Delete  
Name: OLDE, RICHARD  
Address: 212 SPYGLASS LANE  
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete  
Name: MYERS, ANDREW  
Address: 7605 WOODSMUIR DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: V (X) Delete  
Name: BLOTNICK, WILLIAM  
Address: 210 SPYGLASS LANE  
City-St-Zip: JUPITER, FL 33477

Title: PD (X) Delete  
Name: SIMONS, JASON  
Address: 2073 DISCOVERY CIR E  
City-St-Zip: DEERFIELD BEACH, FL 33442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SIMONS, JASON  
Address: 2073 DISCOVERY CIR E  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: JASON SIMONS

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date