

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90093 012 ***558.75

DOCUMENT # P05000026949

1. Entity Name
DEBT RELIEF USA, INC.



Principal Place of Business
**4833 OKEECHOBEE BLVD., STE. 111 W.
WEST PALM BEACH, FL 33417**

Mailing Address
**4833 OKEECHOBEE BLVD., STE. 111 W.
WEST PALM BEACH, FL 33417**

2. Principal Place of Business

5702 LAKE WORTH RD.

3. Mailing Address

5702 LAKE WORTH RD.

Suite, Apt. #, etc.

SUITE 8-10

Suite, Apt. #, etc.

SUITE 8-10

City & State

GREENACRES, FL

City & State

GREENACRES, FL

Zip

33463

Country

USA

Zip

33463

Country

USA

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2511601

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARSON, BRANDON
1700 EMBASSY DR., STE. 308
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **BOHN, BRODY**

Street Address (P.O. Box Number is Not Acceptable)

5702 LAKE WORTH RD.

SUITE 8-10

City

GREENACRES, FL

Zip Code

33463

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

BRODY BOHN

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

(NOTE: Registered Agent signature required when reinstating)

5/8/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOHN, JERRY
12421 EQUINE LANE
WELLINGTON, FL 33414** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REILLY, KELLY
16200 ADDISON RD., STE. 105
ADDISON, TX 75001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARSON, BRANDON
1700 EMBASSY DR., STE. 308
WEST PALM BEACH, FL 33401** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, ALVIN B.
4341 HORIZON NORTH PARKWAY - #524
DALLAS, TX 75287** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
WOJCIK, JAMES F.
1500 PRESTON RD. - #2401
PLANO, TX 75093** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

WOJCIK, JAMES F. *James F. Wojcik*

5/5/06

214-929-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

SECRETARY