

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039906

FILED
Mar 06, 2009
Secretary of State

Entity Name: DEBT SETTLEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD.
SUITE 420
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1645 PALM BEACH LAKES BLVD.
SUITE 420
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 25-1914285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, JASON
1645 PALM BCH LAKES BLVD STE 420
W PALM BCH, 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: PSTD () Delete
Name: ODIE, RICHARD
Address: 1645 PALM BEACH LAKES BLVD. #420
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MYERS, ANDREW
Address: 1645 PALM BEACH LAKES BLVD. #420
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD (X) Delete
Name: BLOTNICK, WILLIAM
Address: 1645 PALM BEACH LAKES BLVD. #420
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD (X) Delete
Name: SIMONS, JASON
Address: 1645 PALM BEACH LAKES BLVD. #420
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: SIMONS, JASON
Address: 1645 PALM BEACH LAKES BLVD. #420
City-St-Zip: WEST PALM BEACH, FL 33401

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

Electronic Signature of Signing Officer or Director

PRES

03/06/2009

_____ Date