

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000035244

FILED  
May 05, 2008  
Secretary of State

Entity Name: AMERICA BEST CREDIT COUNSELING, INC.

**Current Principal Place of Business:**

1200 N CENTRAL AVE  
SUITE 111  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

1200 N CENTRAL AVE  
SUITE 111  
KISSIMMEE, FL 34741

**New Mailing Address:**

13932 HUNTWICK DRIVE  
ORLANDO, FL 32837

FEI Number: 45-0559003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARRASQUILLO, EDWIN  
13932 HUNTWICK DRIVE  
ORLANDO, FL 32837 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARRASQUILLO, EDWIN  
Address: 13932 HUNTWICK DRIVE  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: EDWIN CARRASQUILLO

P

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date