

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059958

FILED
Jan 06, 2011
Secretary of State

Entity Name: SIMPLE DEBT SOLUTIONS INC.

Current Principal Place of Business:

5100 W. COPANS RD., SUITE 910
MARGATE, FL 330637734

New Principal Place of Business:

5100 W COPANS RD SUITE 910
MARGATE, FL 330637734

Current Mailing Address:

5100 W. COPANS RD., SUITE 910
MARGATE, FL 330637734

New Mailing Address:

5100 W COPANS RD SUITE 910
MARGATE, FL 330637734

FEI Number: 26-0197051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETER J BOWERS PA
5100 W. COPANS RD., SUITE 910
MARGATE, FL 330637734 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: CARPINIELLO, MARC A
Address: 5100 W. COPANS RD., SUITE 910
City-St-Zip: MARGATE, FL 330637734

Title: SCFO
Name: BOWERS, PETER
Address: 5100 W. COPANS RD., SUITE 910
City-St-Zip: MARGATE, FL 330637734

Title: D
Name: CARPINIELLO, MARC A
Address: 5100 W. COPANS RD., SUITE 910
City-St-Zip: MARGATE, FL 330637734

Title: D
Name: BOWERS, PETER
Address: 5100 W. COPANS RD., SUITE 910
City-St-Zip: MARGATE, FL 330637734

I hereby 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 all other like empowered.

SIGNATURE: PETER BOWERS

CFO

01/06/2011

Electronic Signature of Signing Officer or Director

Date