2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# P07000115185

Entity Name: ATLANTIC DEBT RELIEF, INC.

Current Principal Place of Business:

1528 N. PEARL STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

4237 SALISBURY ROAD N. SUITE 109
JACKSONVILLE, FL 32216 US

Current Mailing Address:

1528 N. PEARL STREET
JACKSONVILLE, FL 32206 US

New Mailing Address:

4237 SALISBURY ROAD N. SUITE 109
JACKSONVILLE, FL 32216 US

FEI Number: 26-1273984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JAMES T
1528 N. PEARL STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

SMITH, JAMES T
4237 SALISBURY ROAD N. SUITE 109
JACKSONVILLE, FL 32216 US

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: JAMES T. SMITH 03/17/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete
Name: SMITH, JAMES T
Address: 1528 N. PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: DIR ( ) Delete
Name: SMITH, JAMES T
Address: 1528 N. PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP ( ) Delete
Name: STEWART, JAIMEE E
Address: 1528 N. PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change ( ) Addition
Name: SMITH, JAMES T
Address: 4237 SALISBURY ROAD N. SUITE 109
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DIR (X) Change ( ) Addition
Name: SMITH, JAMES T
Address: 4237 SALISBURY ROAD N. SUITE 109
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: T (X) Change ( ) Addition
Name: STEWART, JAIMEE E
Address: 4237 SALISBURY ROAD N. SUITE 109
City-St-Zip: JACKSONVILLE, FL 32216 US

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: JAMES T. SMITH PVS 03/17/2008
Electronic Signature of Signing Officer or Director Date