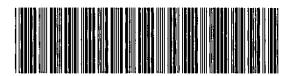
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10/13/08

COVER LETTER

TO;	Amendment Section Division of Corporations	
SUBJE	ECT: DEBT REDUCTION AMERICA, IN (Name of Corporate	IC.
DOCU	JMENT NUMBER: <u>P07000131039</u>	
The en	closed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.
Please	return all correspondence concerning this matter to the	following:
	Ryan Dunc	an
	Ryan Dunc (Name of Contact Pe	erson)
	DEBT REDUCTION AI (Firm/Company	MERICA, INC.
	(Firm/Company	()
	5010 W. Carmen Stre (Address)	eet, 3rd Floor
	Tampa, FL 3 (City/State and Zip 0	33609 Code)
For fur	ther information concerning this matter, please call:	
 -	Ryan Duncan at ((Name of Contact Person)	813) 367-5120 x 104 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Department o	f State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted fo	r a corporation organ	2, 607.1508, or 617.150d ized under the laws of th ered agent, or both, in the	e State of Florid	a	
1. The name of	the corporation: D	EBT REDUCTION	AMERICA, INC.			
2. The principa	l office address: 50	10 W. Carmen St	reet, 3rd Floor, Tam	npa, FL 33609		
3. The mailing	address (if different)): same				
4: Date of incom	rporation/qualification	on: <u>12/12/07</u>	Document number	: P070001310	39	
		ne current registered ag resigned, enter resigne	gent and registered officed)	on file with the		
	Harry Hedaya			TĀC	80 80	
	5010 W. Carm	en Street		AHA	0CT	T)
	Tampa, FL 336	309		SSEE	4	E NAMES OF THE PERSON OF THE P
6. The name an (if changed):	d street address of the	ne new registered agen	t (if changed) and /or reg Hatzakis	gistered office FLORIDA	PH 1:22	
	5010 W. Carm	en Street, 3rd Flo (P.O. Box NOT acceptable)	or			
	Tampa, FL 33	• ,				
The street addr	ess of its registered I be identical.	office and the street	address of the business	office of its regist	tered age	nt,
_			by its board of director			
A Signal	ure of an officer or directo	_	Hamy Hed	aya, RA per name and title)		_
, •		•	d agree to act in this cap tes relative to the prope gation of my position as registered office addre		performa t. Or if i ìrm thát i	nce this the
CH	at		9-29-2001			_
	gnature of Registered Age	nı)	(U	Pate)		
(Typed or Printed Name)					

* * * FILING FEE: \$35.00 * * *