

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000022519

Entity Name: 2GETDEBTFREE, INC

FILED
Oct 15, 2009
Secretary of State

Current Principal Place of Business:

5475 NW ST JAMES BLVD
SUITE 187
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

5475 NW ST JAMES BLVD
SUITE 187
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 27-1123383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HJORLEIFSSON, MICHELLE
5475 NW ST JAMES BLVD
SUITE 187
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

TRADITION INVESTMENT MANAGEMENT, INC.
5475 NW ST JAMES BLVD
SUITE 187
PORT SAINT LUCIE, FL 34983 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: MICHELE (MIKE) HJORLEIFSSON

10/15/2009

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: TRADITION INVESTMENT MANAGEMENT, INC.
Address: 5475 NW ST JAMES BLVD SUITE 187
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VP () Delete
Name: PALINO VENTURES INC
Address: 145 YACHT CLUB WAY #307
City-St-Zip: HYPOLUXO, FL 33462 US

Title: VP (X) Delete
Name: ANTONIO, DELUCA
Address: 106 REDWOOD AVENUE
City-St-Zip: STATEN ISLAND, NY 10308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SENIOR DIABETIC OUTREACH PROGRAM
Address: 3725 S. OCEAN DRIVE, STE. 602
City-St-Zip: HOLLYWOOD, FL 33019 US

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: MICHELE (MIKE) HJORLEIFSSON

P

10/15/2009

Electronic Signature of Signing Officer or Director

Date