

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065621

FILED
Jan 08, 2009
Secretary of State

Entity Name: DEBT NEGOTIATION SERVICE PROVIDERS OF AMERICA, INC.

Current Principal Place of Business:

4 WEST LAS OLAS BLVD.
801B
FT. LAUDERDALE, FL 33301 US

Current Mailing Address:

4 WEST LAS OLAS BLVD.
801B
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

200 SOUTH ANDREWS AVENUE
603
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

200 SOUTH ANDREWS AVENUE
603
FT. LAUDERDALE, FL 33301 US

FEI Number: 26-2963479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCONTO, R. BRYAN
4 WEST LAS OLAS BLVD
801B
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

LOCONTO, R. BRYAN
200 SOUTH ANDREWS AVENUE
603
FT. LAUDERDALE, FL 33301 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:

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOCONTO, R. BRYAN
Address: 4 WEST LAS OLAS BLVD 801B
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: CEO () Delete
Name: GORDON, PAMELA
Address: 4 WEST LAS OLAS BLVD 801B
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: CFO () Delete
Name: ULLOA, RAFAEL
Address: 4 WEST LAS OLAS BLVD 801B
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: COO () Delete
Name: PASSERO, ANTHONY
Address: 4 WEST LAS OLAS BLVD 801B
City-St-Zip: FT. LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: R. BRYAN LOCONTO

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date