

# 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

## New Principal Place of Business:

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

## Current Mailing Address:

4 WEST LAS OLAS BLVD.  
801B  
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