

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071838

Entity Name: DEBT ADVICE USA, INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

13727 SW 152 STREET
259
MIAMI, FL 33177 US

New Principal Place of Business:

15457 SW 148 TERR
MIAMI, FL 33196 US

Current Mailing Address:

13727 SW 152 STREET
259
MIAMI, FL 33177 US

New Mailing Address:

15457 SW 148 TERR
MIAMI, FL 33196 US

FEI Number: 26-3083953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRASCO, NORMA A
13727 SW 152 STREET
259
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

CARRASCO, NORMA A
15457 SW 148 TERR
MIAMI, FL 33196 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: NORMA A. CARRASCO

06/16/2009

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,S, () Delete
Name: CARRASCO, NORMA A
Address: 13727 SW 152 STREET
City-St-Zip: MIAMI, FL 33177 US

Title: T () Delete
Name: CARRASCO, NORMA A
Address: 13727 SW 152 STREET
City-St-Zip: MIAMI, FL 33177 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S, (X) Change () Addition
Name: CARRASCO, NORMA A
Address: 15457 SW 148 TERR
City-St-Zip: MIAMI, FL 33196 US

Title: T (X) Change () Addition
Name: CARRASCO, NORMA A
Address: 15457 SW 148 TERR
City-St-Zip: MIAMI, FL 33196 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: NORMA A. CARRASCO

PST

06/16/2009

Electronic Signature of Signing Officer or Director

Date