

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000047859

FILED
Mar 19, 2010
Secretary of State

Entity Name: DEBT CARE INC.

Current Principal Place of Business:

1100 CRYSTAL LAKE DRIVE
SUITE 105
POMPANO BEACH, FL 33064

New Principal Place of Business:

1000 WEST MCNAB RD
SUITE 115
POMPANO BEACH, FL 33069

Current Mailing Address:

1100 CRYSTAL LAKE DRIVE
SUITE 105
POMPANO BEACH, FL 33064

New Mailing Address:

1000 WEST MCNAB RD
SUITE 115
POMPANO BEACH, FL 33069

FEI Number: 35-2365532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAIR, JEFFERY D
1100 CRYSTAL LAKE DRIVE
SUITE 105
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

BLAIR, JEFFERY D
1000 WEST MCNAB RD
SUITE 115
POMPANO BEACH, FL 33069 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: JEFFERY D. BLAIR

03/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: BLAIR, JEFFERY D
Address: 1000 WEST MCNAB RD
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VP
Name: MOKER, KRISTINA S
Address: 1000 WEST MCNAB RD
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby 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 all other like empowered.

SIGNATURE: JEFFERY D. BLAIR

P

03/19/2010

Electronic Signature of Signing Officer or Director

Date