

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034996

FILED
Mar 26, 2007
Secretary of State

Entity Name: DEBT ELIMINATION SERVICES, INC.

Current Principal Place of Business:

2740 SW MARTIN DOWNS BLVD
#371
PALM CITY, FL 34990 US

Current Mailing Address:

2740 SW MARTIN DOWNS BLVD
#371
PALM CITY, FL 34990 US

New Principal Place of Business:

2740 SW MARTIN DOWN BLVD
#371
PALM CITY, FL 34990 US

New Mailing Address:

1740 WEST ST LUCIE WEST BLVD
#215
PT ST LUCIE, FL 34986 US

FEI Number: 65-0826579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, TODD
2740 SW MARTIN DOWNS BLVD
#371
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

FOSTER, TODD PRES
1740 WEST ST LUCIE WEST BLVD
215
PT ST LUCIE, FL 34986 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: TODD FOSTER

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: FOSTER, TODD
Address: 2740 SW MARTIN DOWNS BLVD, #371
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD FOSTER

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

Date