
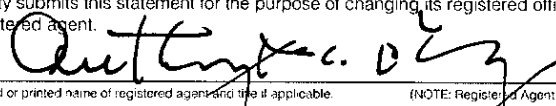
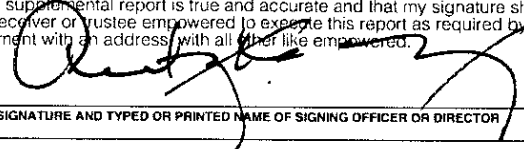


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90281 001 \*\*\*150.00

<b>DOCUMENT # P99000071494</b>					
<b>1. Entity Name</b> WASHINGTON DEBT CONSOLIDATION, INC.					
<b>Principal Place of Business</b> 152 NE 167TH STREET STE 401 NORTH MIAMI BEACH, FL 33162			<b>Mailing Address</b> 152 NE 167TH STREET STE 401 NORTH MIAMI BEACH, FL 33162		
<b>2. Principal Place of Business</b> 2400 W Cypress Creek		<b>3. Mailing Address</b> 2400 W. Cypress Creek			
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202			
City & State Fort Lauderdale, Fl.		City & State Fort Lauderdale, Fl.		<b>4. FEI Number</b> 65-0949882	
Zip 33309		Country Broward		Zip 33309	
Country Broward		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> CHANG, ANTHONY M. C. 152 NE 167TH STREET STE 401 N MIAMI BEACH, FL 33162			<b>7. Name and Address of New Registered Agent</b> Name: Chang, Anthony M. Street Address (P.O. Box Number is Not Acceptable): 2400 W. Cypress Road, #202 City: Fort Lauderdale FL Zip: 33309		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE:  DATE: 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, ANTHONY M. C. 11133 NW 2ND COURT CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHANG, THERESA C 11133 NW 2ND COURT CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> 			April 23, 2004 954-267-9150 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					