

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212540286

1.) CORPORATION NAME:

**MILITARY DEBT MANAGEMENT AGENCY, INC.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC  
4445 CORPORATION LN 2ND FL  
VIRGINIA BEACH, VA 23462**

SCC ID NO: **F1875741**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 210 North University Dr  
Unit 501

CITY/ST/ZIP: Coral Springs, FL 33071

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: B Thomas Breazeale TITLE: PRESIDENT ADDRESS: 39 Maple Avenue CITY/ST/ZIP/CO: Shalimar, FL 32579	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Christopher M Young TITLE: VICE PRESIDENT ADDRESS: 233 NW 119th Drive CITY/ST/ZIP/CO: Coral Springs, VA 33071	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Nicholas G Petersen TITLE: DIRECTOR ADDRESS: 662 E Hwy 98 Unit 250 CITY/ST/ZIP/CO: Destin, VA 32541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peggy P Petersen TITLE: DIRECTOR ADDRESS: 662 E Hwy 98 Unit 250 CITY/ST/ZIP/CO: Destin, FL 32541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: William Van Hoesen TITLE: DIRECTOR ADDRESS: 1687 Hwy 98 W Unit 3 CITY/ST/ZIP/CO: Mary Esther, FL 32569	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert M Foley TITLE: DIRECTOR ADDRESS: 2440 Abaco Dr CITY/ST/ZIP/CO: Navarre, FL 32566	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Jerry R Simonds TITLE: DIRECTOR ADDRESS: 10278 Ferry Lake Rd CITY/ST/ZIP/CO: Oil City, LA 71061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Orlando Garcia TITLE: DIRECTOR ADDRESS: 3737 NW 87th Ave. CITY/ST/ZIP/CO: Miami, FL 33178	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ B ThomasBreazeale SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	B ThomasBreazeale, PRINTED NAME AND CORPORATE TITLE	10/18/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		