



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Federal Employer Identification Number: 760810791 (must be 9 digits)

Annual Report Filing Year: 2010

1.a. Exact name of the limited liability company: ACCELERATED FINANCIAL SERVICES, LLC

1.b. The exact name of the limited liability company as amended, is: ACCELERATED FINANCIAL SERVICES, LLC

2a. Location of its principal office:

No. and Street: 153 ANDOVER STREET
SUITE 206
City or Town: DANVERS State: MA Zip: 01923 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 153 ANDOVER STREET
SUITE 206
City or Town: DANVERS State: MA Zip: 01923 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ACTIVITIES TO THE EXTENT THAT CORPORATIONS ORGANIZED IN THE COMMONWEALTH OF MASSACHUSETTS MAY NOW, OR HEREAFTER, BE PERMITTED UNDER THE LAWS OF THE COMMONWEALTH, IN THIS COMMONWEALTH, OR ANYWHERE ELSE, TO PROVIDE DEBT REDUCTION SERVICES TO CONSUMERS, SETTLE DEBTS OWED BY INDIVIDUALS AND BUSINESS ENTITIES, TO ENGAGE IN ALL RELATED DEBT AND SETTLEMENT BUSINESS AND TO CONDUCT THE BUSINESS OF A SETTLEMENT COMPANY AND DEBT SETTLEMENT WITH THE APPROPRIATE AUTHORITY. IN GENERAL, TO CARRY ON ANY AND ALL BUSINESS AND ACTIVITIES PERMITTED TO CORPORATIONS ORGANIZED UNDER THE COMMONWEALTH OF MASSACHUSETTS AND WHEREVER THE SAME MAY BE LAWFULLY DONE.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: TERI L. BOTTICELLI, E.A.
No. and Street: 23 GERTRUDE STREET
City or Town: LYNN State: MA Zip: 01902 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	WAYNE A. AHLQUIST	153 ANDOVER STREET DANVERS, MA 01923 USA
MANAGER	DANIEL M. CARD	153 ANDOVER STREET DANVERS, MA 01923 USA
MANAGER	LAMONT L. MILTON	153 ANDOVER STREET DANVERS, MA 01923 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	TERI L. BOTTICELLI	23 GERTRUDE STREET LYNN, MA 01902 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

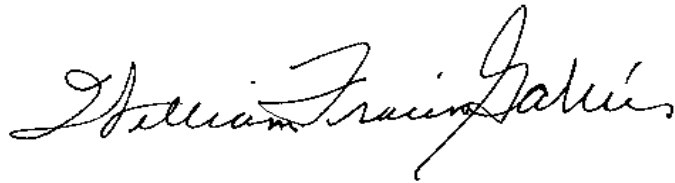
Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	WAYNE A. AHLQUIST	153 ANDOVER STREET DANVERS, MA 01923 USA
REAL PROPERTY	DANIEL M. CARD	153 ANDOVER STREET DANVERS, MA 01923 USA
REAL PROPERTY	LAMONT L. MILTON	153 ANDOVER STREET DANVERS, MA 01923 USA

9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 15 Day of March, 2010,
WAYNE A. AHLQUIST , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth