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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

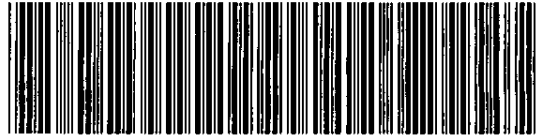
(Business Entity Name)

(Document Number)

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R.A. Chorse
C.COULLETTE

MAR 10 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NETWORK SERVICE BILLING, INC.
(Name of Corporation)

DOCUMENT NUMBER: F05000002842

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherry Cole
(Name of Contact Person)

Regulatory & TR Consultants, LLC
(Firm/Company)

450 Old Peachtree Rd NW #101A
(Address)

Suwanee, GA 30084
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Cole at (678) 436 5592
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NETWORK SERVICE BILLING, INC.
(Name of Corporation)

DOCUMENT NUMBER: F05000002842

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherry Galt
(Name of Contact Person)

Regulatory & T.M. Consultants, LLC
(Firm/Company)

450 Old Peachtree Rd NW #101A
(Address)

Suwanee, GA 30084
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Galt at (678) 436-5592
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Nevada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NETWORK SERVICE BILLING, INC.
2. The principal office address: 7251 W. LAKE MEAD BLVD. SUITE 300 LAS VEGAS NV 89128
3. The mailing address (if different): 450 OLD PEACHTREE RD NW 101A SUWANEE GA 30024
4. Date of incorporation/qualification: 05/06/2005 Document number: F05000002842
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TCS CORPORATE SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE FL 32301 US

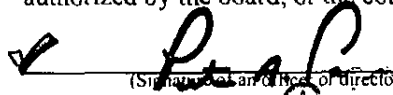
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Incorp Services, Inc.
17888 67th Court North
(P.O. Box NOT acceptable)
Loxahatchee, FL 33470

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TALLAHASSEE FLORIDA

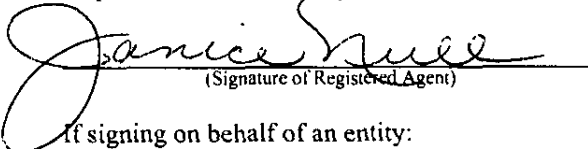
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

PETER LAGERGREN President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

1/21/09
(Date)

If signing on behalf of an entity:
Janice Null on behalf of Incorp Services, Inc.
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***