## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000153040

MIAMI, FL 33135

City-St-Zip:

Entity Name: MEDICAL BILLING PRO'S, INC.

FILED Mar 08, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1601 SW 11 TERRACE MIAMI, FL 33135			2050 CORAL WAY SUITE 208 MIAMI, FL 33145	SUITE 208	
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
1601 SW 1 MIAMI, FL	11 TERRACE 33135		2050 CORAL WAY SUITE 208 MIAMI, FL 33145		
FEI Number	: 86-1119474	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
MIAMI, FL The above	11 TERRACE 33135 US	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( FREYRE, ALIN 1601 SW 11 TI MIAMI, FL 331	ERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VP ( FREYRE, AND 1601 SW 11 TI		Title: Name: Address:	( ) Change ( ) Addition	

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: ALINA FREYRE P 03/08/2006