


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N00000000823		
1. Entity Name ELIMIDEBT MANAGEMENT SYSTEMS, INC.		
Principal Place of Business 1800 PEMBROOK DRIVE SUITE 290 ORLANDO, FL 32810 US	Mailing Address 1800 PEMBROOK DRIVE SUITE 290 ORLANDO, FL 32810 US	



02272008 No Chg-F P

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROLAND, THOMAS
1800 PEMBROOK DRIVE
SUITE 290
ORLANDO, FL 32810**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROLAND, THOMAS 1800 PEMBROOK DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBBE, ISSAC 1800 PEMBROOK DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000855101
03/27/08-80037-002 61:25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-ISAAC BOBBE - D**3/3/08****800-419-8910**

Date

Daytime Phone