

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066655

FILED
May 01, 2007
Secretary of State

Entity Name: AMERICAN BILLING NETWORK, INC.

Current Principal Place of Business:

460 KETTLE HARBOR DR.
PLACIDA, FL 34224

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5072
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 65-1033904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMMERS, ADRIENNE
460 KETTLE HARBOR DR.
PLACIDA, FL 34224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOMMERS, ADRIENNE
Address: 460 KETTLE HARBOR DR.
City-St-Zip: PLACIDA, FL 34224

Title: V () Delete
Name: SOMMERS, RICHARD
Address: 460 KETTLE HARBOR DR.
City-St-Zip: PLACIDA, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ADRIENNE SOMMERS

MRS

05/01/2007

Electronic Signature of Signing Officer or Director

Date