2008 FOR PROFIT CORPORATION

Mar 10, 2008 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P00000080202 SPEEDY BILLING SERVICES, INC. Principal Place of Business Mailing Address 1531 N. HIATUS ROAD 1531 N. HIATUS ROAD PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 02272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1035062 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE KATWAROO, AMRICA M 1531 N. HIATUS ROAD PEMBROKE PINES, FL 33026 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE KATWAROO, ASHOKE K NAME 1531 N. HIATUS ROAD STREET ADDRESS PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE KATWAROO, AMRICA M NAME STREET ADDRESS 1531 N. HIATUS ROAD PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: X

HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMRICA M. KATWAROD

FILED