

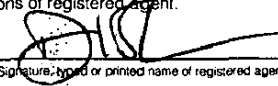
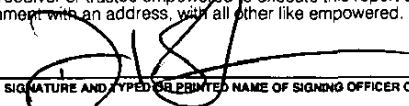


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90057 004 \*\*\*150.00

<b>DOCUMENT # P01000004142</b> 1. Entity Name <b>AUTOMATED BILLING CENTER INC.</b>					
Principal Place of Business <b>7021 GRAND NATIONAL DRIVE SUITE 110 ORLANDO, FL 32819</b>			Mailing Address <b>7021 GRAND NATIONAL DRIVE SUITE 110 ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box # <b>6544 Edgeworth Dr</b>		3. Mailing Address <b>6544 Edgeworth Dr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORL, FL</b>		City & State <b>ORL, Florida</b>			
Zip <b>32819</b>		Country <b>USA</b>		4. FEI Number <b>59-3689650</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		03032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>STEDING, SHAVONNE M 7021 GRAND NATIONAL DRIVE SUITE 110 ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  DATE <b>3-6-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD STEDING, SHAVONNE M 7021 GRAND NATIONAL DRIVE, STE 110 ORLANDO, FL 32819 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Steding, Shavonne 6544 Edgeworth Dr. ORL, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, STEDING, DAVID J 7021 GRAND NATIONAL DR., STE 110 ORLANDO, FL 32819 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Steding, David J 6544 Edgeworth Dr. ORL, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEDING, DAVID J 7021 GRAND NATIONAL DR., STE 110 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, 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: 			Date <b>3-2-08</b> Daytime Phone # <b>407345-5189</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					