


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90179 009 ***150.00

DOCUMENT # P01000073126 1. Entity Name ADVANTAGE BILLING SERVICE, INC.					
Principal Place of Business 1019 WIDEVIEW AVE TARPON SPRINGS, FL 34689-2160			Mailing Address 1019 WIDEVIEW AVE TARPON SPRINGS, FL 34689-2160		
2. Principal Place of Business 110 ATHENS ST Suite, Apt. #, etc. STE 300		3. Mailing Address Suite, Apt. #, etc. 			
City & State TARPON SPRINGS, FL		City & State TARPON SPRINGS, FL		4. FEI Number 59-3736431	
Zip 34689		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEDGER, MICHELLE 1019 WIDEVIEW AVE TARPON SPRINGS, FL 34689-2160				7. Name and Address of New Registered Agent Name LEDGER, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 110 ATHENS ST STE 300 City TARPON SPRINGS FL Zip Code 34689	
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 <u><i>Michelle Ledger</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/25/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	D LEDGER, MICHELLE 1019 WIDEVIEW AVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDGER, MICHELLE 110 ATHENS ST, STE 300 TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBELLINO, MARY ANN 904 RIVERSIDE DR TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CERAMI, MARY ANN 714 MERLINS CT TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<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: <u><i>Michelle Ledger</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/25/06</u> DAYTIME PHONE: <u>727-230-8058</u>		