FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 034 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103424

1. Entity Name
BILLING METHODS, INC.

4G...

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD SUITE 780 MIAMI, FL 33181	11900 BISCAYNE BLVD SUITE 780 MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
11900 Biscayne Blvd.		1050 Crown Pointe Pkwy.	
Suite, Apt #, etc. Ste. 504		Suite, Apt #, etc. Suite 295	
City & State Miami, FL.		City & State Atlanta, Ga	
Zip 33181	Country USA	Zip 30338	Country USA

05112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1148926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAPIRO, AMY 11900 BISCAYNE BLVD SUITE 780 MIAMI, FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) 11900 Biscayne Blvd. Suite 504 City Miami, FL FL Zip Code 33181

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] Amy Shapiro 5-1-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 ☐ Delete SHAPIRO, AMY 11900 BISCAYNE BLVD SUITE 780 MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5-1-2007 I am mailing late Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	because the website was unable to pull up any Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	of these entities document numbers. Pls. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	waive the late fee. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy Shapiro 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: [signature] Amy Shapiro 5-1-07 866-325-5434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] 7/9/07