


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P02000041384 1. Entity Name RIGHT WAY BILLING, INC.	
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Principal Place of Business C/O CAROL FRANCIS 4807 SW 41ST BLDG 3-102 HALLANDALE, FL 33023	Mailing Address C/O CAROL FRANCIS 4807 SW 41ST BLDG 3-102 HALLANDALE, FL 33023
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03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1959871	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRANCIS, CAROL 4807 SW 41ST ST BLDG 3-102 HALLANDALE, FL 33023

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	U00000750568 05/18/07-80068-004 163.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCIS, CAROL 4807 SW 41 ST BLDG 3-10Z HALLANDALE, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REESE, MARGARITA 4807 SW 41 ST BLDG 3-10Z HALLANDALE, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BUVAL, ANTONIO 3360 NW 11TH PLACE # 106 MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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>CAROL M. FRANCIS, PRESIDENT</u> <u>Carol M. Francis, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/22/2007</u> Daytime Phone # <u>(954) 987-8801</u>
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