

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041384

Entity Name: RIGHT WAY BILLING, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

C/O CAROL FRANCIS
4807 SW 41ST BLDG 3-102
HALLANDALE, FL 33023

New Principal Place of Business:

Current Mailing Address:

C/O CAROL FRANCIS
4807 SW 41ST BLDG 3-102
HALLANDALE, FL 33023

New Mailing Address:

FEI Number: 43-1959871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANCIS, CAROL
4807 SW 41ST ST BLDG 3-102
HALLANDALE, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANCIS, CAROL
Address: 4807 SW 41 ST BLDG 3-10Z
City-St-Zip: HALLANDALE, FL 33023

Title: VPD () Delete
Name: REESE, MARGARITA
Address: 4807 SW 41 ST BLDG 3-10Z
City-St-Zip: HALLANDALE, FL 33023

Title: M () Delete
Name: BUVAL, ANTONIO
Address: 3360 NW 11TH PLACE # 106
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M FRANCIS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date