

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143733

FILED
Feb 11, 2011
Secretary of State

Entity Name: EXPRESS BILLING SOLUTIONS, INC

Current Principal Place of Business:

1113 MYRTLE LAKE VIEW DR.
FRUITLAND PARK, FL 34731 US

New Principal Place of Business:

Current Mailing Address:

1113 MYRTLE LAKE VIEW DR.
FRUITLAND PARK, FL 34731 US

New Mailing Address:

FEI Number: 54-2141818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAUDILL, PAM
1113 MYRTLE LAKE VIEW DR
FRUITLAND PARK, FL 34731 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

OFFICERS AND DIRECTORS:

Title: P
Name: CAUDILL, PAM
Address: 1113 MYRTLE LAKE VIEW DR
City-St-Zip: FRUITLAND PARK, FL 34731 US

Title: VP
Name: CAUDILL, PAM
Address: 1113 MYRTLE LAKE VIEW DR
City-St-Zip: FRUITLAND PARK, FL 34731 00

Title: C
Name: CAUDILL, PAM
Address: 1113 MYRTLE LAKE VIEW DR
City-St-Zip: FRUITLAND PARK, FL 34731 00

Title: T
Name: CAUDILL, PAM
Address: 1113 MYRTLE LAKE VIEW DR
City-St-Zip: FRUITLAND PARK, FL 34731 00

Title: S
Name: CAUDILL, PAM
Address: 1113 MYRTLE LAKE VIEW DR
City-St-Zip: FRUITLAND PARK, FL 34731 00

Title: D
Name: CAUDILL, PAM
Address: 1113 MYRTLE LAKE VIEW DR
City-St-Zip: FRUITLAND PARK, FL 34731 00

I hereby 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 all other like empowered.

SIGNATURE: PAM CAUDILL

P

02/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date