


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90040 002 \*\*\*150.00

<b>DOCUMENT # P04000022551</b> 1. Entity Name <b>ALL FLORIDA BILLING, INC.</b>					
Principal Place of Business <del>6113 180TH TRL N</del> <del>LOXAHATCHEE, FL 33470</del>			Mailing Address <del>6113 180TH TRL N</del> <del>LOXAHATCHEE, FL 33470</del>		
2. Principal Place of Business <b>2580 Glencoe Farms Road</b>			3. Mailing Address <b>(Same)</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>New Smyrna Beach, FL</b>			City & State <b>FL 32168</b>		
Zip <b>32168</b>		Country <b>Volusia</b>		Zip <b>32168</b>	
Country 		4. FEI Number <b>43-2044580</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CROSSLEY, SHARON</b> <del>6113 180TH TRL N</del> <del>LOXAHATCHEE, FL 33470</del>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2580 Glencoe Farms Rd.</b> City <b>New Smyrna Beach FL</b>	
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>Sharon Crossley</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSSLEY, SHARON <input type="checkbox"/> Delete <del>6113 180TH TRL N</del> <del>LOXAHATCHEE, FL 33470</del>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2580 Glencoe Farms Rd</b> <b>New Smyrna Beach, FL 32168</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>Sharon Crossley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					