

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90216 007 ***150.00

DOCUMENT # P04000053777

1. Entity Name
INTEGRATED BILLING SOLUTIONS, INC.



Principal Place of Business
**14175 ICOT BLVD
SUITE 100
CLEARWATER, FL 33760**

Mailing Address
**14175 ICOT BLVD
SUITE 100
CLEARWATER, FL 33760**

50014244



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0936664

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, DAN
14175 ICOT BLVD
SUITE 100
CLEARWATER, FL 33760**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | JOHNSON, DAN |
| STREET ADDRESS | 14173 ICOT BLVD, SUITE 100 |
| CITY-ST-ZIP | CLEARWATER, FL 33760 |
| TITLE | S |
| NAME | REDMOND, JOHN C |
| STREET ADDRESS | 14173 ICOT BLVD, SUITE 100 |
| CITY-ST-ZIP | CLEARWATER, FL 33760 |
| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN Johnson

2-9-06

Date

7275243900

Daytime Phone #