

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037997

FILED  
Apr 19, 2011  
Secretary of State

Entity Name: DCN BILLING INC.

**Current Principal Place of Business:**

4903 BYWOOD STREET  
LEHIGH ACRES, FL 33971 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7464  
FORT MYERS, FL 33911 US

**New Mailing Address:**

4903 BYWOOD STREET  
LEHIGH ACRES, FL 33971 US

FEI Number: 20-2583313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEMBHARD, DELROY M  
4903 BYWOOD STREET  
LEHIGH ACRES, FL 33971 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: DIR  
Name: NEMBHARD, DENISE C  
Address: 4903 BYWOOD STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: PRES  
Name: NEMBHARD, DELROY M  
Address: 4903 BYWOOD STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP  
Name: NEMBHARD, JASON S  
Address: 385 CARY AVE  
City-St-Zip: STATEN ISLAND, NY 10310 US

Title: OFF  
Name: NEMBHARD, OMAR B  
Address: 4903 BYWOOD STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: OFF  
Name: NEMBHARD, MICHAEL S  
Address: 5641 THISTLEDOWN TERRACE  
City-St-Zip: DAVIE, FL 33331 US

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: DENISE NEMBHARD

DIR

04/19/2011

Electronic Signature of Signing Officer or Director

Date