



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

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| DOCUMENT # P05000073210 1. Entity Name SE BILLING MANAGEMENT, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2295 WEATHERED WOOD DR. LEESBURG, FL 34748 US | | | Mailing Address PO BOX 297 TAVARES, FL 32778 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 40068922  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip Country | | City & State Zip Country | | 01272008 Chg-P CR2E034 (12/06) 4. FEI Number 20-2859265 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent WALKER, GARY 202 S. ROME AVENUE SUITE 100 TAMPA, FL 33606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHANG, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2295 WEATHERED WOOD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LEESBURG, FL 34748</td> <td></td> </tr> </table> | | | TITLE | D | <input type="checkbox"/> Delete | NAME | CHANG, SANDRA | | STREET ADDRESS | 2295 WEATHERED WOOD | | CITY-ST-ZIP | LEESBURG, FL 34748 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra Chang 4/8/08 352-135-3155