

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097777

FILED
Jan 23, 2008
Secretary of State

Entity Name: COLLIER BILLING SERVICES, INC.

Current Principal Place of Business:

680 2ND AVENUE NORTH
SUITE # 203
NAPLES, FL 34102

New Principal Place of Business:

680 2ND AVENUE NORTH
SUITE # 204
NAPLES, FL 34102

Current Mailing Address:

680 2ND AVENUE NORTH
SUITE # 203
NAPLES, FL 34102

New Mailing Address:

680 2ND AVENUE NORTH
SUITE # 204
NAPLES, FL 34102

FEI Number: 20-3399198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAVIER, WANDA
680 2ND AVENUE NORTH
SUITE # 203
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

JAVIER, WANDA
680 2ND AVENUE NORTH
SUITE # 204
NAPLES, FL 34102 US

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:

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: JAVIER, WANDA
Address: 680 2ND AVENUE NORTH, STE. 203
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: JAVIER, WANDA
Address: 680 2ND AVENUE NORTH, STE. 204
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WANDA JAVIER

PDS

01/23/2008

Electronic Signature of Signing Officer or Director

Date