2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046139

ALTENOR, WILKEN

ORLANDO, FL 32808

4823 SILVER STAR RD SUITE 190

Name:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Entity Name: FIVE STARS BILLING SERVICES, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	ER STAR RD 9 9, FL 32808	SUITE 190			
Current Mailing Address:			New Mailing Address:		
	ER STAR RD S), FL 32808	SUITE 190			
FEI Number:	01-0894759	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
ANTHONY, CORETTA S 425 W COLONIAL DR SUITE 104 ORLANDO, FL 32804 US			6000 METROWES SUITE 203	ANTHONY, CORETTA S 6000 METROWEST BLVD. SUITE 203 ORLANDO, FL 32835 US	
The above in the State		submits this statement for the pu	rpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE: CORETTA S ANTHONY				04/27/2007	
	Electron	ic Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ALTENOR, WE	TAR RD SUITE 190	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALTENOR, WE	TAR RD SUITE 190	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALTENOR, EVA	TAR RD SUITE 190	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	DS ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WETZER ALTENOR DT 04/27/2007