

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046139

FILED  
Mar 30, 2010  
Secretary of State

Entity Name: FIVE STARS BILLING SERVICES, INC.

**Current Principal Place of Business:**

4823 SILVER STAR RD SUITE 130  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4823 SILVER STAR RD SUITE 130  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 01-0894759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANTHONY-SMITH LAW, P.A.  
6000 METROWEST BLVD.  
SUITE 203  
ORLANDO, FL 32835 US

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

ANTHONY-SMITH LAW, P.A.  
1701 PARK CENTER DR.,  
SUITE 203  
ORLANDO, FL 32835 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: CORETTA ANTHONY-SMITH

03/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ALTENOR, WESLEY  
Address: 4823 SILVER STAR RD SUITE 130  
City-St-Zip: ORLANDO, FL 32808

Title: DT  
Name: ALTENOR, WETZER  
Address: 4823 SILVER STAR RD SUITE 130  
City-St-Zip: ORLANDO, FL 32808

Title: DVP  
Name: ALTENOR, EVANS  
Address: 4823 SILVER STAR RD SUITE 130  
City-St-Zip: ORLANDO, FL 32808

Title: DS  
Name: ALTENOR, WILKEN  
Address: 4823 SILVER STAR RD SUITE 130  
City-St-Zip: ORLANDO, FL 32808

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: WETZER ALTENOR

D

03/30/2010

Electronic Signature of Signing Officer or Director

Date