

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000133552

FILED
May 11, 2009
Secretary of State**Entity Name:** ELIMIDEBT II, INC.**Current Principal Place of Business:**902 CLINT MOORE ROAD
SUITE 200
BOCA RATON, FL 33487**New Principal Place of Business:****Current Mailing Address:**902 CLINT MOORE ROAD
SUITE 200
BOCA RATON, FL 33487**New Mailing Address:****FEI Number:** 56-2617788**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIODATO, LAWRENCE D PRES
6683 WAVERLY LN
LAKE WORTH, FL 33467 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:** D () Delete
Name: DIODATO, LARRY
Address: 902 CLINT MOORE ROAD SUITE 200
City-St-Zip: BOCA RATON, FL 33487**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: DIODATO, LAWRENCE D PRES
Address: 902 CLINT MOORE ROAD SUITE 200
City-St-Zip: BOCA RATON, FL 33487**Title:** VP () Change (X) Addition
Name: HAYAUD-DIN, AMJAD VP
Address: 902 CLINT MOORE ROAD SUITE 200
City-St-Zip: BOCA RATON, FL 33487

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: LAWRENCE D. DIODATO

D

05/11/2009

Electronic Signature of Signing Officer or Director_____
Date