

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151996

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PREMIUM BILLING SOLUTIONS, INC.

## Current Principal Place of Business:

104 NORTH EVERS STREET  
SUITE 101  
PLANT CITY, FL 33563

## New Principal Place of Business:

## Current Mailing Address:

104 NORTH EVERS STREET  
SUITE 101  
PLANT CITY, FL 33563

## New Mailing Address:

FEI Number: 30-0394146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAYLOR, PATRICIA A  
104 NORTH EVERS STREET  
SUITE 101  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

CLUKIE, BRIAN S PRES  
104 NORTH EVERS STREET  
SUITE 101  
PLANT CITY, FL 33563 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: BRIAN S. CLUKIE

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TAYLOR, PATRICIA A  
Address: 104 NORTH EVERS STREET SUITE 101  
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CLUKIE, BRIAN S PRES  
Address: 104 NORTH EVERS STREET SUITE 101  
City-St-Zip: PLANT CITY, FL 33563

Title: VP ( ) Change (X) Addition  
Name: CLUKIE, LISA R V PRES  
Address: 104 NORTH EVERS STREET SUITE 101  
City-St-Zip: PLANT CITY, FL 33563

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: LISA R. CLUKIE

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date