

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90131 002 \*\*\*150.00

<b>DOCUMENT # P99000024258</b>						
<b>1. Entity Name</b> FLORIDA BILLING GROUP, INC.						
<b>Principal Place of Business</b> 4237 SALISBURY RD., STE. 309 JACKSONVILLE, FL 32216			<b>Mailing Address</b> 4237 SALISBURY RD., STE. 309 JACKSONVILLE, FL 32216			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3564217		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  GANN, DAVID E 4237 SALISBURY RD., STE. 309 JACKSONVILLE, FL 32216			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> SD	<b>NAME</b> JOHNSON, DAVID		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> P O BOX 550588	JACKSONVILLE, FL 32225			<b>STREET ADDRESS</b>	JACKSONVILLE, FL 32225	
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32225			<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32225	
<b>TITLE</b> VP	<b>NAME</b> GANN, DAVID E		<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> P O BOX 550588	GREEN COVE SPRINGS, FL 32043			<b>STREET ADDRESS</b>	Jacksonville, FL 32225	
<b>CITY-ST-ZIP</b>	GREEN COVE SPRINGS, FL 32043			<b>CITY-ST-ZIP</b>	Jacksonville, FL 32225	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>						
<b>SIGNATURE:</b>				4-11-06 (904) 470-4124		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		