


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N00000000823

1. Entity Name
ELIMIDEBT MANAGEMENT SYSTEMS, INC.



<i>Principal Place of Business</i> 1800 PEMBROOK DRIVE SUITE 290 ORLANDO, FL 32810 US	<i>Mailing Address</i> 1800 PEMBROOK DRIVE SUITE 290 ORLANDO, FL 32810 US
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02272008 No Chg-A P CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROLAND, THOMAS
1800 PEMBROOK DRIVE
SUITE 290
ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROLAND, THOMAS 1800 PEMBROOK DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBBE, ISSAC 1800 PEMBROOK DRIVE ORLANDO, FL 32810
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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 617, 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.

SIGNATURE:  -ISAAC BOBBE - D 3/3/08 800-419-8910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #