

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90007 031 ****70.00

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1. Entity Name
ELIMIDEBT MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**1800 PEMBROOK DRIVE
ORLANDO, FL 32810 US**

Mailing Address
**1800 PEMBROOK DRIVE
ORLANDO, FL 32810 US**

50023620



DO NOT WRITE IN THIS SPACE

07142006 No Chg-NP CR2E037 (4/06)

4. FEI Number **65-0997938** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROLAND, THOMAS
1800 PEMBROOK DRIVE
ORLANDO, FL 32810**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE **PRES**
NAME **ROLAND, THOMAS**
STREET ADDRESS **1800 PEMBROOK DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D**
NAME **KOFLER, RONALD**
STREET ADDRESS **1800 PEMBROOK DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D**
NAME **BOBBE, ISSAC**
STREET ADDRESS **1800 PEMBROOK DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #