

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 06, 2005  
Secretary of State**

DOCUMENT# N00000000823

Entity Name: ELIMIDEBT MANAGEMENT SYSTEMS, INC.

**Current Principal Place of Business:**

1800 PEMBROOK DRIVE  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 PEMBROOK DRIVE  
ORLANDO, FL 32810 US

**New Mailing Address:**

FEI Number: 65-0997938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ROLAND, THOMAS  
Address: 1800 PEMBROOK DRIVE  
City-St-Zip: ORLANDO, FL 32810 US

Title: D ( ) Delete  
Name: KOFLER, RONALD  
Address: 1800 PEMBROOK DRIVE  
City-St-Zip: ORLANDO, FL 32810 US

Title: D ( ) Delete  
Name: DESENA, RICHARD  
Address: 1800 PEMBROOK DRIVE  
City-St-Zip: ORLANDO, FL 32810 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BOBBE, ISSAC  
Address: 1800 PEMBROOK DRIVE  
City-St-Zip: ORLANDO, FL 32810 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ROLAND

Electronic Signature of Signing Officer or Director

PRES

10/06/2005

Date