2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# F06000005639

Entity Name: DIGITAL PAYMENT TECHNOLOGIES CORP.

Current Principal Place of Business:

4107 GRANDVIEW HWY.
BURNABY, BC V5C 6B4,

New Principal Place of Business:

4105 GRANDVIEW HWY.
BURNABY, BC V5C 6B4, BC V5C 6B4

Current Mailing Address:

4107 GRANDVIEW HWY.
BURNABY, BC V5C 6B4,

New Mailing Address:

4105 GRANDVIEW HWY.
BURNABY, BC V5C 6B4, BC V5C 6B4

FEI Number: 86-9107094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, BLASI WASSERMAN & GORA, PA
7777 GLADES RD., SUITE 400
BOCA RATON, FL 33434 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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: SCOTT, F. ANDREW
Address: 1549 NANTON AVE.
City-St-Zip: VANCOUVER, BC V6J 2X3,

Title: S ( ) Delete
Name: PARSONS, CRAIG
Address: 7 CAMPION CT.
City-St-Zip: PORT MOODY, BC V3H 4A9,

Title: C ( ) Delete
Name: BARNES, RONALD
Address: 161 CASTLE CRESCENT
City-St-Zip: OAKVILLE, ONTARIO L65 5H4,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: SCOTT, F. ANDREW
Address: 1549 NANTON AVE.
City-St-Zip: VANCOUVER, BC V6J 2X3, BC V6J 2X3

Title: CFO (X) Change ( ) Addition
Name: LEE, JOSEPH
Address: 716 UNION STREET
City-St-Zip: VANCOUVER, BC V6A 2C2 CA

Title: CHAI (X) Change ( ) Addition
Name: BARNES, RONALD
Address: 161 CASTLE CRESCENT
City-St-Zip: OAKVILLE, ONTARIO L65 5H4, ON L65 5H4

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: AMBER BREEN CONT 07/05/2007

Electronic Signature of Signing Officer or Director Date