

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036133

FILED
Aug 15, 2006
Secretary of State

Entity Name: SECURE PAYMENT SERVICES OF AMERICA, LLC

Current Principal Place of Business:

2450 HOLLYWOOD BLVD., SUITE #104
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2450 HOLLYWOOD BLVD., SUITE #104
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 11-3704905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRIAN D. GORDON, C.P.A., P.A.
12550 BISCAYNE BLVD., SUITE 500
N. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

COVE AND ASSOCIATES.P.A.
225 SOUTH 21ST AVENUE
HOLLYWOOD, FLORIDA, FL 33020 US

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: ANDREW N. COVE

08/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERES, ARTHUR J
Address: 2450 HOLLYWOOD BLVD., SUITE #104
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: BERES, NOEL G
Address: 2450 HOLLYWOOD BLVD. # 104
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARTHUR J. BERES

MGRM

08/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date