2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000059768

Entity Name: CERTIPAY AMERICA, LLC

Current Principal Place of Business:

1801 HOBBS RD.
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

1801 HOBBS RD.
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 20-2999905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLIS, HAROLD W JR
101 E. KENNEDY BLVD., STE. 2700
TAMPA, FL 33602 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TRIMBLE, ROB
Address: 1801 HOBBS RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM ( ) Delete
Name: LACARTE, GRANT
Address: 1801 HOBBS RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM ( ) Delete
Name: WILSON, DENNY
Address: 1801 HOBBS RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR ( ) Delete
Name: RUGGIERI, MARK
Address: 1801 HOBBS RD
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR ( ) Delete
Name: KNIGHT, JAMES
Address: 1801 HOBBS RD
City-St-Zip: AUBURNDALE, FL 33823

Title: CFO (X) Delete
Name: KEITH, WILLIAM C
Address: 1801 HOBBS RD
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES:

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

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

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

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

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

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

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 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: MARK J RUGGIERI MGR 04/29/2009

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