

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020173

FILED
Jan 24, 2006
Secretary of State

Entity Name: ACH PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

6919 TREYMORE CT.
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

6919 TREYMORE CT.
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 32-0007048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUER, JULIA W
6919 TREYMORE CT.
SARASOTA, FL 34243 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EDELEN, RICHARD C
Address: 9200 SAELBYVILLE RD. SUITE 615
City-St-Zip: LOUISVILLE, KY 40222

Title: DST () Delete
Name: SAUER, JULIA W
Address: 6919 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34243

Title: DV () Delete
Name: PLAPPERT, JAMES L
Address: 8 ANCHORAGE POINT
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EDELEN, RICHARD C
Address: 9505 WILLIAMSBURG PLAZA; SUITE #202
City-St-Zip: LOUISVILLE, KY 40222

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 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: JULIA W. SAUER

DST

01/24/2006

Electronic Signature of Signing Officer or Director

_____ Date