

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020173

FILED
Jan 05, 2012
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

OFFICERS AND DIRECTORS:

Title: DP
Name: EDELEN, RICHARD C
Address: 3969 FAIRWAY DR.
City-St-Zip: NORTH PORT, FL 34287

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

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

I hereby 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 all other like empowered.

SIGNATURE: JULIA W. SAUER

DST

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date