## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0600000047

**Entity Name:** PAYPROS USA CORP

FILED Apr 27, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

215 CELEBRATION PLACE 956 NORTH COCOA BLVD

SUITE 500 SUITE 1111

CELEBRATION, FL 34747 US COCOA, FL 32922 US

Current Mailing Address: New Mailing Address:

215 CELEBRATION PLACE 956 NORTH COCOA BLVD SUITE 500 SUITE 1111 COCOA, FL 32922 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAMULOWITZ, JOHN C
215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747 US
SALVATORE, KRISTI
956 NORTH COCOA BLVD
SUITE 1111
COCOA, FL 32922 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: KRISTI SALVATORE 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: P (X) Change ( ) Addition

Name: MANAGEMENT RESOURCE, CONSULTANTS, I N C. Name: PAYPROS, INC.,
Address: 49 LEAVENWORTH STREET, SUITE 200 Address: 7 LANCELOT COURT, SUITE 8

Address: 49 LEAVENWORTH STREET, SUITE 200 Address: 7 LANCELOT COURT, S City-St-Zip: WATERBURY, CT 06702 US City-St-Zip: SALEM, NH 03079 US

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PAYPROS, INC.,
 Name:

 Address:
 7 LANCELOT COURT, SUITE 8
 Address:

 City-St-Zip:
 SALEM, NH 03079 US
 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: KRISTI SALVATORE P 04/27/2006