

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001855

FILED
Apr 29, 2011
Secretary of State

Entity Name: AUTOMATED PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

10571 SW WESTLAWN BLVD.
PORT ST. LUCIE, FL 34987 US

New Principal Place of Business:

Current Mailing Address:

10571 SW WESTLAWN BLVD.
PORT ST. LUCIE, FL 34987 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

DEMBROSKI, JOHN S MR.
10571 SW WESTLAWN BLVD
PORT ST. LUCIE, FL 34987 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: P
Name: DEMBROSKI, JOHN S MR.
Address: 10571 SW WESTLAWN BLVD
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: VP
Name: WEIBLE, JASON MR.
Address: 208 SHORELINE DR.
City-St-Zip: DESOTO, TX 75115 US

Title: T
Name: DEMBROSKI, JOHN S MR.
Address: 10571 SW WESTLAWN BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: S
Name: WEIBLE, JASON MR.
Address: 208 SHORELINE DR.
City-St-Zip: DESOTO, TX 75115 US

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: JOHN S. DEMBROSKI

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date