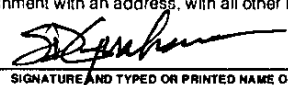


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F04000004769 1. Entity Name ELECTRONIC PAYMENT & TRANSFER CORP						FILED 05 DEC 14 PM 4:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082				Mailing Address 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 87-0715743				Applied For Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent INCPOR SERVICES, INC 18450 NE 2ND AVE MIAMI, FL 33179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SURETTE, DAVID 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082 ☒ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAHAM, STEPHEN D. 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DODAK, MICHAEL J 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082 ☒ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRAHAM, DEBRA L. 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	500062161265 12/14/05--01044--005 **\$61.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  STEPHEN D. GRAHAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				12/7/05 Date		904-395-1113 Daytime Phone #	