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	Mailing Address
224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082	224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082

12072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		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	7. Name and Address of New Registered Agent
INCORP SERVICES, INC 18450 NE 2ND AVE MIAMI, FL 33179	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Change ☒ Addition P GRAHAM, STEPHEN D. 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082
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	☐ Change ☒ Addition ST GRAHAM, DEBRA L. 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12/12/14	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500062161265 12/14/05--01044--005 **61.25
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 12/7/05 904-395-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #