

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F04000004769

**FILED**  
**Oct 15, 2009**  
**Secretary of State****Entity Name:** ELECTRONIC PAYMENT & TRANSFER CORP**Current Principal Place of Business:**5150 PALM VALLEY RD STE 208  
PONTE VEDRA BEACH, FL 32082**New Principal Place of Business:**5150 PALM VALLEY RD  
208  
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**5150 PALM VALLEY RD STE 208  
PONTE VEDRA BEACH, FL 32082**New Mailing Address:**5150 PALM VALLEY RD  
208  
PONTE VEDRA BEACH, FL 32082**FEI Number:** 87-0715743**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**INCRP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US**Name and Address of New Registered Agent:**KEASLER LAW SERVICES, LLC  
10245 CENTURION PARKWAY NORTH  
305  
JACKSONVILLE, FL 32256 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:** FRANK R. KEASLER, JR., ESQ.

10/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** GRAHAM, STEPHEN D  
**Address:** 5150 PALM VALLEY RD STE 208  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** ST ( ) Delete  
**Name:** GRAHAM, DEBRA L  
**Address:** 5150 PALM VALLEY RD STE 208  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** D (X) Delete  
**Name:** ARMSTRONG, COLIN  
**Address:** 5150 PALM VALLEY RD STE 208  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PST (X) Change ( ) Addition  
**Name:** KEASLER, JR., FRANK R  
**Address:** 10245 CENTURION PARKWAY NORTH, STE. 305  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** D (X) Change ( ) Addition  
**Name:** ARMSTRONG, COLIN  
**Address:** 5150 PALM VALLEY ROAD, STE. 208  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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:** COLIN ARMSTRONG

D

10/15/2009

Electronic Signature of Signing Officer or Director

Date