

FILED
Jul 14, 2005 8:00 am
Secretary of State

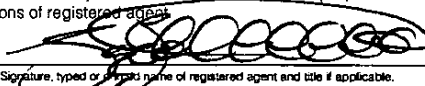
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2005 FOR PROFIT CORPORATION
ANNUAL REPORT

20063864



07052005 Chg-P CR2E034 (10/03)

DOCUMENT # F00000005704			
1. Entity Name MULTINATIONAL AUTOMATED CLEARING HOUSE AMERICAS, INC.			
Principal Place of Business 10150 HIGHLAND MANOR DRIVE S. 200 TAMPA, FL 33610		Mailing Address 2770 VALENCIA GROVE DRIVE VALRICO, FL 33594	
2. Principal Place of Business		3. Mailing Address <i>10150 HIGHLAND MANOR DRIVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>S. 200</i>	
City & State		City & State <i>TAMPA, FL</i>	
Zip	Country	Zip	Country
		<i>33610</i>	<i>USA</i>
6. Name and Address of Current Registered Agent ESPINOLA, GEORGE A 2770 VALENCIA GROVE DR VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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.		DATE <i>07/05/2005</i> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APPEL, JUERGEN 2 RUE EDMOND REUTER CONTERN, . L5326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL DICKERSON 2 RUE EDMOND REUTER CONTERN, . L5326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M AZZOUZI, JAQID 2 RUE EDMOND REUTER CONTERN, . L5326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LC SCHROEMBGES, ENVER 2 RUE EDMOND REUTER CONTERN, . L5326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOLA, GEORGE A 10150 HIGHLAND MANOR DRIVE, S 200 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO VAN DIJK, WETZE 2 RUE EDMOND REUTER CONTERN, . L5326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>GEORGE ESPINOLA</i> <i>07/05/2005</i> <i>(813) 3142202</i>	