2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001826

Entity Name: LML PAYMENT SYSTEMS CORP.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1330 RIVER BEND DRIVE, SUITE 600 DALLAS, TX 75247				4141 NORTH GRANITE REEF ROAD 241 SCOTTSDALE, AZ 85251		
Current Mailing Address:				New Mailing Address:		
SUITE 168	ENDER ST 30 /ER, BC V6E 4	4G1 CA				
FEI Number: 52-2084651 FEI Number Applied For ()			FEI Numl	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	ı	Name and	Address of N	New Registered Agent:
1200 SOU PLANTATI The above		ND ROAD US	purpose of	changing i	ts registered o	office or registered agent, or both,
	e of Florida. 					
SIGNATU		ic Signature of Registered Ag	iont			 Date
Election Car		rrust Fund Contribution ().	Jenit			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	GAINES, PATRI	ND DRIVE, SUITE 600	1	Title: Name: Address: City-St-Zip:	GAINES, PATR	BRANITE REEF RD
Title: Name: Address: City-St-Zip:	SCHULZ, RICH	ND DR. SUITE 600	1	Title: Name: Address: City-St-Zip:	SCHULZ, RICH	BRANITE REEF RD
Title: Name: Address: City-St-Zip:	CRAIG, STEPH	ND DRIVE, SUITE 600	1	Title: Name: Address: City-St-Zip:	CRAIG, STEPH	BRANITE REEF RD
Title: Name: Address: City-St-Zip:	PEYTON, ROBE	ΓΕ REEF ROAD, SUITE 214	1	Title: Name: Address: City-St-Zip:	PEYTON, ROB	ITE REEF ROAD, SUITE 214
Title: Name: Address: City-St-Zip:	GAINES, CARÓ	ND DR., SUITE 600	1	Title: Name: Address: City-St-Zip:	GAINES, CARC	BRANITE REEF RD
Title: Name:	V ()	Delete		Title: Name	() Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: CAROLYN L. GAINES S 01/08/2007

1024 NORTH WEST STREET

WICHITA, KS 62703

Address:

City-St-Zip: