



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90147 033 \*\*\*150.00

<b>DOCUMENT # F03000004899</b>					
<b>1. Entity Name</b> <b>E-MONEY SYSTEMS, INC.</b>					
<b>Principal Place of Business</b> 2448 EAST 81ST ST., STE. 3600 TULSA, OK 74137			<b>Mailing Address</b> 2448 EAST 81ST ST., STE. 3600 TULSA, OK 74137		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <b>STE. 3700</b>		Suite, Apt. #, etc. <b>STE. 3700</b>		04012005    Chg-P    CR2E034 (10/03)	
City & State		City & State		<b>4. FEI Number</b> <b>73-1504622</b>	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MARSHALL, ROGER P 2448 EAST 81ST ST., STE. 3600 TULSA, OK 74137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STE. 3700</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ALLEN 215 E. KENOSHA BROKEN ARROW, OK 74012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHIEF FINANCIAL OFFICER</b> <b>NIGHTINGALE, DAVID</b> <b>2448 EAST 81ST ST., STE. 3700</b> <b>TULSA, OK 74137</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, GARY 1901 WEST 171ST ST. GLENPOOL, OK 74033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>TRAVIS, PETE</b> <b>2448 EAST 81ST ST., STE 3700</b> <b>TULSA, OK 74137</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GROSS, KAREN 2448 EAST 81ST ST., STE. 3600 TULSA, OK 74137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STE. 3700</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIN, CECIL 2448 EAST 81ST ST., STE. 3600 TULSA, OK 74137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>517 WEST H STREET</b> <b>JENKS, OK 74037</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>JONES, WILLIAM B</b> <b>3800 FIRST NATIONAL TOWER</b> <b>TULSA, OK 74104</b>	

**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:** David Nightingale **DAVID NIGHTINGALE, CFO**    **4-1-05**    **918-477-3109**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #