2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004004

Entity Name: OPTIMAL PAYMENTS CORP.

FILED Mar 31, 2005 Secretary of State

XX

Current Principal Place of Business:	New Principal Place of Business
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3500 DE MAISONNEUVE BLVD
2 PLACE ALEXIS-NIHON, #700 WESTMOUNT
QUEBEC, CANADA H3Z 3C1, XX WESTMOUNT, QUEBEC, CA H3Z3C1

Current Mailing Address: New Mailing Address:

3500 DE MAISONNEUVE BLVD
2 PLACE ALEXIS-NIHON, #700 WESTMOUNT
QUEBEC, CANADA H3Z 3C1, XX WESTMOUNT, QUEBEC, CA H3Z3C1 XX

FEI Number: 04-3301242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCD () Delete Title: VCD (X) Change () Addition Name: GARBER, MITCHELL Name: GARBER, MITCHELL

 Name:
 GARBER, MITCHELL
 Name:
 GARBER, MITCHELL

 Address:
 5 CHEMIN GRANVILLE
 Address:
 5 CHEMIN GRANVILLE

City-St-Zip: HAMPSTEAD QUEBEC H3X 3A1, City-St-Zip: HAMPSTEAD QUEBEC, CA H3X 3A1

Title: DS () Delete Title: () Change () Addition Name: SHAPER. STEVE Name:

Address: 325 RIPPLE CREEK Address: City-St-Zip: HOUSTON, TX 77024 City-St-Zip:

Title: Title: (X) Change () Addition () Delete LIQUOMIK, MICHAEL LIQUORNIK, MICHAEL Name: Name: 958 HOCQUART ST LAURENT 958 HOCQUART ST LAURENT Address Address: City-St-Zip: QUEBEC H4M 2Y6 CANADA, City-St-Zip: ST-LAURENT, QUEBEC, CA H4M 2Y6

Title: TAS () Delete Title: TAS (X) Change () Addition

 Name:
 GARBER, MITCHELL

 Address:
 5 CHEMIN GRANVILLE

 Address:
 5 CHEMIN GRANVILLE

Address:
5 CHEMIN GRANVILLE

City-St-Zip: HAMPSTEAD QUEBEC H3X 3A1, City-St-Zip: HAMPSTEAD, QUEBEC, CA H3X 3A1

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MITCHELL GARBER VCD 03/31/2005