2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006
Secretary of State

DOCUMENT# F04000004004

Entity Name: OPTIMAL PAYMENTS CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

3500 DE MAISONNEUVE BLVD WEST
2 PLACE ALEXIS-NIHON, #700
WESTMOUNT, QUEBEC, CA H3Z3C1 XX

Current Mailing Address:

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

New Mailing Address:

3500 DE MAISONNEUVE BLVD WEST
2 PLACE ALEXIS-NIHON, #700
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:

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

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VCD ( ) Delete
Name: GARBER, MITCHELL
Address: 5 CHEMIN GRANVILLE
City-St-Zip: HAMPSTEAD QUEBEC, CA H3X 3A1

Title: DS ( ) Delete
Name: SHAPER, STEVE
Address: 325 RIPPLE CREEK
City-St-Zip: HOUSTON, TX 77024

Title: D ( ) Delete
Name: LIQUORNIK, MICHAEL
Address: 958 HOCQUART ST LAURENT
City-St-Zip: ST-LAURENT, QUEBEC, CA H4M 2Y6

Title: TAS (X) Delete
Name: GARBER, MITCHELL
Address: 5 CHEMIN GRANVILLE
City-St-Zip: HAMPSTEAD, QUEBEC, CA H3X 3A1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: LEWIN, DOUG
Address: 69 DOWNSHIRE
City-St-Zip: HAMPSTEAD QUEBEC, CA H3X 1H4

Title: DIR (X) Change ( ) Addition
Name: SHAPER, STEVE
Address: 325 RIPPLE CREEK
City-St-Zip: HOUSTON, TX 77024

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

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

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.

SIGNATURE: DOUGLAS LEWIN DIR 05/18/2006

Electronic Signature of Signing Officer or Director Date