2007 FOR PROFIT CORPORATION

FILED Aug 02, 2007 08:00 AN

ANNOAL REPORT					17.5	C C.
1. Entity Name	MENT # F050000050 PAY FL, INC.	001			Se	ecretary of Stat
Principal Place 400 REDLANI SUITE 114 OWINGS MILL		Mailing Address 400 REDLAND COURT SUITE 114 OWINGS MILLS, MD 21117		***************************************		
D	O NOT WRITE	,,,,,,,	CE	07182007 4. FEI Numb 20-322	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					NOT W	
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. U00000771274 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstance)						
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finar Trust Fund Contribution. 18. OFFICERS AND DIRECTORS				.00 May Be ed to Fees	In accordance v corporation did	with s. 607.193(2)(b), F.S., the not receive the prior notice.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BALDOCK, KRIS 400 REDLAND COURT OWINGS MILLS, MD 21117 VT SUNDERLAND, RICK 400 REDLAND COURT OWINGS MILLS, MD 21117 S COX, MELANIE	INEU IURS				
STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	400 REDLAND COURT OWINGS MILLS, MD 21117				NOT W THIS SF	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			anne an contra a to designate c		· 1 :	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. RICHARO W. SUNDELLEND J.

SIGNATURE: _M

ATURE AND TYPED OR PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

M13. 548.2700

Daytime Phone #