## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005639

FILED Mar 23, 2009 Secretary of State

Entity Name	e: DIGITA	L PAYMENT TECHNOLOGIES (	CORP.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:		
4105 GRANI BURNABY, E		VY. 34, BC V5C 6B4				
Current Mailing Address:			New Mailing Address:	New Mailing Address:		
4105 GRANI BURNABY, E		VY. 34, BC V5C 6B4				
FEI Number: 9	8-0603996	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and A	Address o	f Current Registered Agent:	Name and Address of	New Registered Agent:		
SHAPIRO, B 7777 GLADE BOCA RATO	ES RD., SI					
The above no in the State o		ty submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,		
SIGNATURE	≣: <u></u>					
	Electi	onic Signature of Registered Age	ent	Date		
Election Camp	aign Financ	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Name:	CEOD SCOTT, F. A		Title: CEO ( Name: SCOTT, F. AN			

City-St-Zip: VANCOUVER, BC V6J 2X3, BC V6J 2X3 City-St-Zip: VANCOUVER, BC V6J 2X3, BC V6J 2X3

() Delete Title: (X) Change ( ) Addition LEE, JOSEPH COLWILL, LAURA A Name: Name:

Address: 716 UNION STREET Address: 1716 W. KING EDWARD AVE.

VANCOUVER, BC V6A 2C2 CA VANCOUVER, BC V6J 2V9 CA City-St-Zip: City-St-Zip:

Title: Title: CHAI ( ) Delete () Change () Addition

Name: BARNES, RONALD Name: Address: 161 CASTLE CRESCENT Address: City-St-Zip: OAKVILLE, ONTARIO L65 5H4, ON L65 5H4 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AMBER BREEN CONT 03/23/2009