


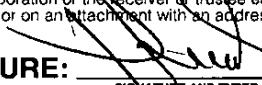
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90039 049 ***150.00

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DOCUMENT # F94000002787					
1. Entity Name PAYWISE, INC.					
Principal Place of Business 175 BROAD HOLLOW RD MELVILLE, NY 11747			Mailing Address 175 BROAD HOLLOW RD MELVILLE, NY 11747		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROE, RAYMOND	NAME			
STREET ADDRESS	175 BROAD HOLLOW RD	STREET ADDRESS			
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAVAGNOLO, ROSE	NAME			
STREET ADDRESS	310 MADISON AVENUE, SUITE 1925	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASS, BARBARA	NAME			
STREET ADDRESS	310 MADISON AVENUE, SUITE 1925	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP			
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WASHINGTON, JYRL	NAME			
STREET ADDRESS	175 BROAD HOLLOW RD	STREET ADDRESS			
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP			
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMALHEISER, HARVEY	NAME			
STREET ADDRESS	175 BROAD HOLLOW RD	STREET ADDRESS			
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP			
TITLE	CFOD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LYONS, PATRICK	NAME	CFO D Stephen Nolan		
STREET ADDRESS	175 BROAD HOLLOW ROAD	STREET ADDRESS	175 Broad Hollow Rd		
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	Melville NY 11747		
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: 		Harvey Smalheiser Vice President of Taxation		Date 1/27/05 Daytime Phone #	