


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90414 017 ***150.00

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
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50008784

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052006 Chg-P CR2E034 (11/05)

4. FEI Number 13-3692806		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHINGTON, JYRL	NAME	George M. Reardon
STREET ADDRESS	175 BROAD HOLLOW RD	STREET ADDRESS	175 Broad Hollow Rd
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	Melville NY 11747
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, STEPHEN	NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	

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.

SIGNATURE:  **Harvey Smalheiser** **3/21/06** **631 844 7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #