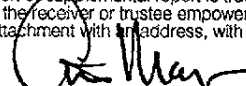


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000001380 1. Entity Name BUDGET PREPAY, INC.					
Principal Place of Business 1235 BARKSDALE BLVD, SUITE 200 BOSSIER CITY, LA 71111			Mailing Address 1235 BARKSDALE BLVD, SUITE 200 BOSSIER CITY, LA 71111		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 72-1335380	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HYDE JR, R D		NAME		
STREET ADDRESS	5709 SHORELINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT, LA 71119		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HYDE III, R D		NAME		
STREET ADDRESS	9415 ACADIANA PLACE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT, LA 71115		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CASON, TONY		NAME		
STREET ADDRESS	11295 HERITAGE OAK		STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT, LA 71106		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HYDE, STEPHEN		NAME		
STREET ADDRESS	9415 ACADIANA PLACE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT, LA 71115		CITY-ST-ZIP		
TITLE	C	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MAGEE, ART		NAME		
STREET ADDRESS	9501 OVERCROSS STREET		STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT, LA 71106		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4-17-06 318-671-5705		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		