2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001380

Entity Name: BUDGET PREPAY, INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1325 BARKSDALE BLVD SUITE 200 PLANTATION, FL 33324				1325 BARKSDALE BLVD SUITE 200 BOSSIER CITY, LA 71111				
Current Mailing Address:				New Mailing Address:				
1325 BARKSDALE BLVD SUITE 200 PLANTATION, FL 33324				1325 BARKSDALE BLVD SUITE 200 BOSSIER CITY, LA 71111				
FEI Number: 72-1335380 FEI Number Applied For () FEI N			FEI Nun	nber Not Appli	icable ()	Certificate of Status	Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
SUITE 4 WESTON, I	:UTIVÉ PARK [FL 33331 US named entity su	DRIVE ubmits this statement for the pu	urpose o	f changing it	ts registered of	fice or registered a	gent, or both,	
SIGNATUR	E:							
Electronic Signature of Registered Agent					Date			
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P D () E HYDE JR, R D 5709 SHORELIN SHREVEPORT, L			Title: Name: Address: City-St-Zip:	HYDE JR, R. DA	LE BLVD SUITE 200		
Title: Name: Address: City-St-Zip:	STD () E HYDE III, R D 9415 ACADIANA SHREVEPORT, L			Title: Name: Address: City-St-Zip:	HYDE III, ROBE	LE BLVD SUITE 200		
Title: Name: Address: City-St-Zip:	D () E CASON, TONY 11295 HERITAGI SHREVEPORT, L			Title: Name: Address: City-St-Zip:	HYDE, STEPHÉ	LE BLVD SUITE 200		
Title: Name: Address: City-St-Zip:	D () E HYDE, STEPHEN 9415 ACADIANA SHREVEPORT, L	I PLACE BLVD		Title: Name: Address: City-St-Zip:	VANCE, MOLLY	LE BLVD. SUITE 200		
Title: Name: Address: City-St-Zip:	VANCE, MOLLY	Delete E BLVD. SUITE 200 LA 71111		Title: Name: Address: City-St-Zip:	()	Change () Addition		

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: MOLLY VANCE C 02/19/2008