

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001497

FILED
May 01, 2007
Secretary of State

Entity Name: GOLDLEAF FINANCIAL SOLUTIONS, INC.

Current Principal Place of Business:

9020 OVERLOOK BLVD
300
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

PO BOX 1603
BRENTWOOD, TN 37024

New Mailing Address:

FEI Number: 62-1453841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BOGGS, LYNN
Address: 9020 OVERLOOK BLVD STE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: SGC () Delete
Name: BERMAN, MICHAEL L
Address: 9020 OVERLOOK BLVD, STE. 300
City-St-Zip: BRENTWOOD, TN 37027

Title: CFO () Delete
Name: CRAIGHEAD, JONATHAN S
Address: 9020 OVERLOOK BLVD., STE. 300
City-St-Zip: BRENTWOOD, TN 37027

Title: CSO () Delete
Name: RILEY, BRIAN
Address: 9020 OVERLOOK BLVD #300
City-St-Zip: BRENTWOOD, TN 37027

Title: D () Delete
Name: INGRAM, DAVID B
Address: 2 INGRAM BLVD
City-St-Zip: LA VERGNE, TN 37086

Title: D () Delete
Name: GLENN, DAVID W
Address: 51 WEST 52ND STREET, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL BERMAN

GCSD

05/01/2007

Electronic Signature of Signing Officer or Director

Date