## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001497

Entity Name: GOLDLEAF FINANCIAL SOLUTIONS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
350 TECHNOLOGY PARKWAY SUITE 200 NORCROSS, GA 30092						
Current Mailing Address:				New Mailing Address:		
PO BOX 1603 BRENTWOOD, TN 37024			350 TECHNOLOGY PARKWAY SUITE 200 NORCROSS, GA 30092			
FEI Number: 62-1453841 FEI Number Applied For ( ) FEI Num			nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and					Address of N	lew Registered Agent:
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331 US						
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:						
	Electroni	Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS: ADDITION					S/CHANGES	TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BOGGS, LYNN 9020 OVERLOO BRENTWOOD, T SGC ( ) I BERMAN, MICHA	N 37027 Delete NEL L K BLVD, STE. 300		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BOGGS, G. LYN 350 TECHNOLO NORCROSS, G. SGC (X) KEES, SCOT	OGY PKWY., STE. 200 A 30092 Change ( ) Addition OGY PKWY., STE. 200
Title: Name: Address: City-St-Zip:	OWENS, DAN	Delete GY PARKWAY, STE 200 . 30092		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	CEO () I BOGGS, LYNN 350 TECHNOLO NORCROSS, GA	GY PARKWAY SUITE 200		Title: Name: Address: City-St-Zip:	BOGGS, G. LYN	DGY PARKWAY SUITE 200
Title: Name: Address: City-St-Zip:	D () I INGRAM, DAVID 2 INGRAM BLVD LA VERGNE, TN			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	SHIVER, TODD \	GY PARKWAY SUITE 200		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: DAN OWENS CFO 04/29/2009