## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F99000002455

Entity Name: PAYROLL MANAGEMENT INC. OF DELAWARE

FILED Dec 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 127 MIRACLE STRIP PARKWAY SUITE N7 FT. WALTON BEACH, FL 32548 **New Mailing Address: Current Mailing Address:** 127 MIRACLE STRIP PARKWAY SUITE N7 FT. WALTON BEACH, FL 32548 FEI Number: 59-3215020 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEAD P.A., MICHAEL W 24 WALTER MARTIN ROAD STE 3 FORT WALTON BEACH, FL 32548 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: Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition BROOKS, MARION E BOROUGHS, LISA D Name: Name: 127 MIRACLE STRIP PKWY, STE N-7 127 MIRACLE STRIP PKWY, STE N-7 Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: SVP Title: (X) Change ( ) Addition () Delete BOROUGHS, LISA D Name: BROOKS, JANICE FOSTER Name: 127MIRACLE STRIP PKWY N7 127MIRACLE STRIP PKWY N7 Address: Address: FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 City-St-Zip: City-St-Zip: Title: Title: () Delete SEC ( ) Change (X) Addition BOROUGHS, LISA D Name: Name:

 Name:
 Name:
 BOROUGHS, LISA D

 Address:
 127 MIRACLE STRIP PKWY N7

 City-St-Zip:
 City-St-Zip:
 FORT WALTON BEACH, FL 32548

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: LISA D. BOROUGHS PRES 12/02/2009