2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G38064

Entity Name: APPLICATION PROCESSING SERVICE, INC.

Current Principal Place of Business: New Principal Place of Business:

205 FLAGSHIP DR

LUTZ, FL 33549

New Mailing Address: Current Mailing Address:

205 FLAGSHIP DR SUITE 3 LUTZ, FL 33549 US

FEI Number: 59-2345615 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:

GUASTELLA, JOHN R WAVELET, JOEL 205 FLAGSHIP DR 205 FLAGSHIP DR SUITE 3 SUITE 3 LUTZ, FL 33549 US LUTZ, FL 33549 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: JOEL WAVELET 11/10/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED Nov 10, 2008

Secretary of State

Title: () Delete Title: (X) Change () Addition GUASTELLA, JOHN R., GUASTELLA, JOHN R J, R Name: Name: 18718 LAKESHORE DR 18718 LAKESHORE DR Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33549

Title: Title: **VPS** (X) Change () Addition () Delete Name: Name: WAVELET, JOEL.

GUASTELLA, ROSEMARY, 18718 LAKESHORE DR 9901 JASMINE BROOK CIR Address: Address:

LAND O LAKES, FL 34638 LUTZ, FL 33548 City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete CIO

Name: LANDAS, WENIFRED G, Name: 1226 TRAFALGAR DR Address: Address: City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34655

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: JOEL WAVELET **VPS** 11/10/2008