2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13566

Address:

City-St-Zip:

2500 N POWERLINE RD.

POMPANO BCH., FL

Entity Name: DEKA PAYMENT PLAN, INC

FILED Apr 02, 2004 Secretary of State

Littly Nai	IIIE. DENAFA	ATIVILINT PLAIN, INC.		
Current Principal Place of Business:			New Principal Place	of Business:
2500 NOR	EEN B. KANE TH POWERLI D BCH., FL 33			
Current Mailing Address:			New Mailing Address:	
2500 NOR	EEN B. KANE TH POWERLI D BCH., FL 33			
FEI Number:	: 59-2686015	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:				
JACKSON, KATIE KANE 2500 NORTH POWERLINE RD. POMPANO BCH., FL 33069				
	named entity of Florida	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Agent			ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (KANE, PATTIE 2500 N POWE POMPANO BC	RLINE RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	,) Delete THLEEN KA, NE	Title: Name:	() Change () Addition

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN JACKSON DVP 04/02/2004