


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90003 048 \*\*\*150.00

<b>DOCUMENT # J82226</b> 1. Entity Name ACCUPAY SERVICES CORP.	
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Principal Place of Business 4801 S UNIVERSITY DR SUITE 3000 DAVIE, FL 33328 US	Mailing Address 4801 S UNIVERSITY DR SUITE 3000 DAVIE, FL 33328 US
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2. Principal Place of Business Suite, Apt. #, etc. <b>SUITE 3090</b> City & State	3. Mailing Address Suite, Apt. #, etc. <b>SUITE 3090</b> City & State
Zip Country	Zip Country

40027924



03012006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent RODRIGUEZ, MIGUEL J. CPA 4801 S UNIVERSITY DR SUITE 3000 DAVIE, FL 33328	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>SUITE 3090</b> City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MIGUEL J 4801 S UNIVERSITY DR, SUITE 3000 DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 3090</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINZBRUNNER, DAVID 4801 S. UNIVERSITY DR, SUITE 3000 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 3090</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONIGLIO, JOHN A 4801 S. UNIVERSITY DR, SUITE 3000 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 3090</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNZBRUNNER-BLOOM, ZENA 4801 S. UNIVERSITY DR, SUITE 3000 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE 3090</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/7/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #