## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68227

Name:

Address:

City-St-Zip:

DREW, WILLIAM C

MIRAMAR, FL 33027

3450 LAKESIDE DRIVE, STE 400

Entity Name: COMPUPAY OF FLORIDA, INC.

FILED Apr 24, 2009 Secretary of State

Littly Na	ine. Colvino	-AT OF FLORIDA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ESIDE DRIVE, , FL 33027	STE 400			
Current Mailing Address:			New Mailing Address:		
	ESIDE DRIVE, , FL 33027	STE 400			
FEI Number	: 59-2935982	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
The above in the State	e of Florida.	4 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			gent	 Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LATHROP, CH	E DRIVE, STE 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HEINZMANN,	E DRIVE, STE 400	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	CFO (	) Delete	Title:	( ) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARL W. DREW CFO 04/24/2009