2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L02000033174

Entity Name: PAYBACK MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

6137 LAKE CHARM CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

% KAREN R. COPELAND AND ASSOC. PA
261 PLAZA DRIVE STE A
OVIEDO, FL 32765

New Mailing Address:

% KAREN R. COPELAND AND ASSOC. PA
260 PLAZA DRIVE
OVIEDO, FL 32765

FEI Number: 03-0496652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUNCHES, WILLIAM C
6137 LAKE CHARM CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: PUNCHES, WILLIAM C
Address: 6137 LAKE CHARM CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM C PUNCHES MGR 01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date