2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 03, 2007 8:00 am Secretary of State **DOCUMENT # P00000040556** 05-03-2007 90026 036 ***158.75 NATIONS ELECTRONIC PROCESSING, INC. Principal Place of Business Mailing Address 1050 N.E. 28TH TERRACE 1050 N.E. 28TH TERRACE POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 3. Mailing Address 4/9 SE Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # 419 S.E. JND C. 05012007 CR2E034 (12/06) Chg-P Applied For 4. FFi Number 65-0999204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRPITORE PEPITONE, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1050 N.E. 28TH TERRACE POMPANO BEACH, FL 33062 419 SE. 200 Ct. City Delatield Beach FC 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS JOSEPH RETITORE Change Addition 4,9 SE. 2 DC Ct. Deen Fuld Beach Fla 33441 Ellen tep: tore Schange Addition 4,9 SC. 2 DC Ct. **PST** TITLE **♂** Delete TITLE NAME PEPITONE, JOSEPH NAME STREET ADDRESS 1050 N.E. 28TH TERRACE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE TITLE Delete PEPITONE, ELLEN NAME NAME STREET ADDRESS 1050 N. E. 28TH TERRACE STREET ADDRESS CITY-ST-7IP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-SI-7P TITLE ☐ Delete TITLE Сталое ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 charged, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED