

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001710

**FILED**  
**Mar 06, 2006**  
**Secretary of State**

**Entity Name:** NATIONWIDE PAYMENT SYSTEMS INC.

**Current Principal Place of Business:**

1500 W. CYPRESS CREEK RD  
SUITE 503  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 W. CYPRESS CREEK RD  
SUITE 503  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-1067143      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, BRUCE  
9200 SOUTH DADELAND BLVD SUITE 612  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

ALEXANDER, BRUCE  
9200 SOUTH DADELAND BLVD SUITE 523  
MIAMI, FL 33156 US

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: \_\_\_\_\_ 03/06/2006  
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURNEY, DAVID  
Address: 1500 W. CYPRESS CREEK RD, SUITE 503  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VBD ( ) Delete  
Name: KOPELMAN, ALLEN  
Address: 1500 W. CYPRESS CREEK RD, SUITE 503  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: ALLEN KOPELMAN VBD 03/06/2006  
Electronic Signature of Signing Officer or Director Date