2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P01000024464

Entity Name: PAYMENT OPTIONS, INC.

Current Principal Place of Business:

556 MARSH LANDING PKWY
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

791 N THIRD ST
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

PO BOX 3476
PONTE VEDRA, FL 32004

New Mailing Address:

FEI Number: 59-3605985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD A. CAPLAN, ATTORNEY, P.A.
3900 ATLANTIC BLVD
JACKSONVILLE, FL 32207 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JONES, KENNETH D
Address: 609 BROOKWOOD CT
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JONES, KENNETH D
Address: 484 BIG TREE RD
City-St-Zip: PONTE VEDRA, FL 32082

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: KEN JONES PS 04/19/2006

Electronic Signature of Signing Officer or Director Date