

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060006

FILED
Apr 25, 2005
Secretary of State

Entity Name: FIRST NATIONAL PAYMENT CORP.

Current Principal Place of Business:

440 S FEDERAL HWY
SUITE #205
DEERFIELD BCH, FL 33441

Current Mailing Address:

P.O BOX 1174
DEERFIELD BEACH, FL 334431174

New Principal Place of Business:

440 S FEDERAL HWY
SUITE #107
DEERFIELD BCH, FL 33441

New Mailing Address:

P.O BOX 1053
DEERFIELD BEACH, FL 334431053

FEI Number: 65-1122096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINCISS, BARRY P MR.
440 S FEDERAL HWY
SUITE #205
DEERFIELD BCH, FL 33441 US

Name and Address of New Registered Agent:

PINCISS, BARRY P MR.
440 S FEDERAL HWY
SUITE #107
DEERFIELD BCH, FL 33441 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: PINCISS BARRY

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PINCISS, BARRY P
Address: 440 S FEDERAL HWY
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VPD () Delete
Name: WARSHAVER, JOANNE
Address: 440 S FEDERAL HWY
City-St-Zip: DEERFIELD BEACH, FL 33441

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 Section 119.07(3)(i), 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: PINCISS BARRY

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date