

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090151

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: THE PAYMENT CENTER, INC.

## Current Principal Place of Business:

10013-N FLA. AVE.  
TAMPA, FL 33612

## New Principal Place of Business:

10013 N.FLORIDA AVE.  
TAMPA, FL 33612

## Current Mailing Address:

P.O BOX 17787  
TAMPA, FL 33682

## New Mailing Address:

P.O BOX 2199  
LUTZ, FL 33548

FEI Number: 59-3744866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DICKINSON, PARNELL  
1646 WALLACE ROAD  
LUTZ, FL 33549 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: P ( ) Delete  
Name: DICKINSON, PARNELL  
Address: 1646 WALLACE ROAD  
City-St-Zip: LUTZ, FL 33549 US

Title: VP ( ) Delete  
Name: JONES, ARTHUR T  
Address: 6350 MACLAURIN  
City-St-Zip: TAMPA, FL 33647 US

## 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: PARNELL DICKINSON

PRES

02/21/2007

Electronic Signature of Signing Officer or Director

Date