2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P01000101231

Entity Name: COMPUPAY INSURANCE SERVICES, INC.

Current Principal Place of Business:

8300 NW 53RD STREET SUITE 401
MIAMI, FL 33166

New Principal Place of Business:

3450 LAKESIDE DRIVE, STE 400
MIRAMAR, FL 33027

Current Mailing Address:

8300 NW 53RD STREET SUITE 401
MIAMI, FL 33166

New Mailing Address:

3450 LAKESIDE DRIVE, STE 400
MIRAMAR, FL 33027

FEI Number: 65-1143478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEINZMANN, THOMAS
8300 NW 53RD ST.
STE 401
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

MCGRAIL, PETER
3450 LAKESIDE DRIVE, STE 400
MIRAMAR, FL 33027 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: PETER MCGRAIL 04/29/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HEINZMANN, THOMAS
Address: 8300 NW 53RD STREET SUITE 401
City-St-Zip: MIAMI, FL 33166

Title: P ( ) Delete
Name: BRENNER, OREN
Address: 8300 NW 53RD ST., STE 401
City-St-Zip: MIAMI, FL 33166

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: LATHROP, CHARLES
Address: 3450 LAKESIDE DRIVE, STE 400
City-St-Zip: MIRAMAR, FL 33027

Title: CFO (X) Change ( ) Addition
Name: MCGRAIL, PETER
Address: 3450 LAKESIDE DRIVE, STE 400
City-St-Zip: MIRAMAR, FL 33027

Title: EVP ( ) Change (X) Addition
Name: HEINZMANN, THOMAS
Address: 3450 LAKESIDE DRIVE, STE 400
City-St-Zip: MIRAMAR, FL 33027

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: PETER MCGRAIL CFO 04/29/2006
Electronic Signature of Signing Officer or Director Date