

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000101231

FILED
Oct 05, 2006
Secretary of State**Entity Name:** COMPUPAY INSURANCE SERVICES, INC.**Current Principal Place of Business:**3450 LAKESIDE DRIVE, STE 400
MIRAMAR, FL 33027**New Principal Place of Business:****Current Mailing Address:**3450 LAKESIDE DRIVE, STE 400
MIRAMAR, FL 33027**New Mailing Address:****FEI Number:** 65-1143478**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCGRAIL, PETER
3450 LAKESIDE DRIVE, STE 400
MIRAMAR, FL 33027 US**Name and Address of New Registered Agent:**BRENNER, OREN
1601 BELVEDERE ROAD
SUITE 502E
WEST PALM BEACH, FL 33406 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: OREN BRENNER

10/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: VP () Delete
Name: BRENNER, OREN Z
Address: 1601 BELVEDERE ROAD, SUITE 502E
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP () Delete
Name: YARISH, JEFFREY G
Address: 877 EXECUTIVE CENTER DR. W.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SEC () Delete
Name: LATHROP, CHARLES
Address: 3450 LAKESIDE DRIVE, STE 400
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: OREN BRENNER

VP

10/05/2006

Electronic Signature of Signing Officer or Director

Date