2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064107

Entity Name: PAYSYSTEMS, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3333 N UNIVERSITY DR 5722 SOUTH FLAMINGO RD.

4251

DAVIE, FL 33024 COOPER CITY, FL 33030

Current Mailing Address: New Mailing Address:

3333 N UNIVERSITY DR 5722 SOUTH FLAMINGO RD.

DAVIE, FL 33024 COOPER CITY, FL 33030

FEI Number: 04-3681415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VENTIERA, JOHN
333 N UNIVERSITY DR
5722 SOUTH FLAMINGO RD.
DAVIE, FL 33024 US
4251

AVIE, FL 33024 US #251 COOPER CITY, FL 33030 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: JOHN VENTIERA 04/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 VENTIERA, JOHN
 Name:
 VENTIERA, JOHN

 Address:
 3333 N UNIVERSITY DR
 Address:
 5722 SOUTH FLAMINGO RD.

 City-St-Zip:
 DAVIE, FL 33024
 City-St-Zip:
 COOPER CITY, FL 33030

Title: PD () Delete Title: PD (X) Change () Addition

Name: ALTCHEK, IRA Name: ALTCHEK, IRA

Address: 3333 N UNIVERSITY DR Address: 5722 SOUTH FLAMINGO RD. City-St-Zip: DAVIE, FL 33024 City-St-Zip: COOPER CITY, FL 33030

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: IRA ALTCHEK PD 04/26/2006