2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004
Secretary of State

DOCUMENT# P02000118603

Entity Name: NETWORK PROCESSING SERVICES, INC.

Current Principal Place of Business:

905 S KINGS AVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

905 S KINGS AVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 06-1666867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNY, SHARON M
521 GORNTO LAKE RD
BRANDON, FL 33510 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: D ( ) Delete
Name: KENNY, SHARON M
Address: 521 GORNTO LAKE RD
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete
Name: ACEVEDO, THERESA
Address: 14808 BRIAR WAY
City-St-Zip: TAMPA, FL 33613

Title: D (X) Delete
Name: MORRIS, DAVID
Address: 7012 LIGHTING BUG WAY
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MORRIS, DAVID
Address: 7012 LIGHTNING BUG WAY
City-St-Zip: RIVERVIEW, FL 33569

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: DAVID MORRIS D 08/03/2004

Electronic Signature of Signing Officer or Director Date