



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90171 044 \*\*\*150.00

<b>DOCUMENT # P03000042132</b> 1. Entity Name NUPAY, INC.					
Principal Place of Business 8601 4 STREET NORTH STE 300 ST PETERSBURG, FL 33702			Mailing Address 8601 4 STREET NORTH STE 300 ST PETERSBURG, FL 33702		
2. Principal Place of Business <i>5005 West Laurel St</i> Suite, Apt. #, etc. <i># 213</i>		3. Mailing Address <i>5005 West Laurel St</i> Suite, Apt. #, etc. <i># 213</i>			
City & State <i>Tampa FL</i>		City & State <i>Tampa FL</i>		4. FEI Number 03292005 Chg-P CR2E034 (10/03) 45-0511542	
Zip 33603		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TUCCARONE, CHRISTOPHER M 8601 4 STREET NORTH STE 300 ST PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name <i>Marlene Sundquist</i> Street Address (P.O. Box Number is Not Acceptable) <i>4110 West Horatio St</i> City <i>Tampa</i> <b>FL</b> Zip Code <i>33609</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Marlene Sundquist</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4/6/05</i>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TUCCARONE, CHRISTOPHER M STREET ADDRESS 8601 4 STREET NORTH STE 300 CITY-ST-ZIP ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CFO NAME SUNDQUIST, MARLENE M MS STREET ADDRESS 371 CHANNELSIDE WALKWAY #1103 CITY-ST-ZIP ST PETERSBURG, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4110 West Horatio St</i> <i>Tampa FL 33609</i>	
TITLE COO NAME DE LA TORRE, AADONIA B MRS STREET ADDRESS 4512 WEST LEONA STREET CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CEO NAME CALLAHAN, BRIAN MR STREET ADDRESS 3310 EST SEVILLA CIRCLE CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marlene Sundquist</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <i>4/6/05</i> 813-288-8020 Daytime Phone #		