2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 08:00 AM Secretary of State

ANNUAL REPORT			٠, ا	_			2008 0	
1. Entity Nar					Secr	etary of	S	
ELECTRONIC PROCESSING SOLUTIONS, INC.								
Principal Plac	ce of Business	Mailing Address						
		1025 NW 17th Ave, Suite B						
Delray Bea	ach, FL 33445	Delray Beach, FL 33445						
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L				4. FEI Numb			Applied Fo	
						\$	8.75 Additional	anie
			MEMORIS	5. Certificate	of Status Desired		ee Required	
	6. Name and Address of Current Rep	gistered Agent	TO THE STATE OF	FOR MINI			A STATE OF THE STA	
MCQUAIN	I, HELLEN R				NATAN			
950 LAVERS CIRCLE				שט	NOT WI	XIIIE		
F102 DELRAY BEACH, FL 32444				IN	THIS SP	ACE.		
DELKATE	BEACH, FL 32444				ATTENDED IN	10 AVI	AND THE REST OF	
		, , , , , , , , , , , , , , , , , , ,	建筑基础	所屬的時		語。使用	的工作。	1 19 1
	named entity submits this statement for the ions of registered agent.	e purpose of changing its registere	d office or registere	ed agent, or bo	th, in the State of Flori	ida. I am far	niliar with, and acc	tqeç
SIGNATURE.	Signature, typed or printed name of registered agent and it	ille if applicable (NOTE: Registered	Agent signature required	when reinstating)		DATE		
	· ·····.				<u> </u>	<u> </u>)/) 000 150	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.		00 May Be od to Fees	U3/11/U	3-80031)-022 150.°	UU
10.	OFFICERS AND DIR	ECTORS		學的經濟	是为数别是是		Contraction of the Contraction o	Ĭ~Ű
TITLE	P			The state of the state of				
NAME STREET ADDRESS	MCQUAIN, HELLEN 1025 NW 17th Ave, Suite B							
CITY-SI-ZIP	Delray Beach, FL 33445							
TITLE	V					2 Carrie 19		237
NAME	KRAUTHAMER, STEVEN		inerijako					(x) (1)
STREET ADDRESS CITY-ST-ZIP	1025 NW 17th Ave, Suite B Delray Beach, FL 33445		品的理例是	ng ang pang Takan				
TITLE			建设工作					भूत वहां भूतिक वहां
NAME			ALC: ALC: W			4 1 34 4 3		
STREET ADDRESS					NOT WI			574
CMY-ST-ZIP			開始學院					1. 18. 18 1. 13. 15. 18. 4.
THE				WIN.	THIS SP	ACE.		£ (*)
NAME STREET ADDRESS								
CITY-ST-ZIP					生产 美国大野山	114	by the line	114
TITLE	· · · · · · · · · · · · · · · · · · ·			SAPERITY !	杨阳强湖临			30.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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 tempowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #