

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102722

Entity Name: AMS PAYMENT SERVICES, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1999 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071

New Principal Place of Business:

2500 N MILITARY TRAIL
SUITE 450
BOCA RATON, FL 33431

Current Mailing Address:

1999 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071

New Mailing Address:

2500 N MILITARY TRAIL
SUITE 450
BOCA RATON, FL 33431

FEI Number: 20-2753799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FACTERMAN, BRYAN
1999 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

FACTERMAN, BRYAN
2500 N MILITARY TRAIL
BOCA RATON, FL 33431 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: BRYAN FACTERMAN

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: SLOANE, BARRY PRES
Address: 2500 N MILITARY TRAIL SUITE 450
City-St-Zip: BOCA RATON, FL 33431 US

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: BARRY SLOANE

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date