2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# P04000145683

Entity Name: DIRECT PAY PRO, INC.

Current Principal Place of Business:

1450 MADRUGA AVENUE
SUITE 207
CORAL GABLES, FL 33146

New Principal Place of Business:

2655 SO. LEJEUNE ROAD
SUITE 300
MIAMI, FL 33134

Current Mailing Address:

1450 MADRUGA AVENUE
SUITE 207
CORAL GABLES, FL 33146

New Mailing Address:

2655 SO. LEJEUNE ROAD
SUITE 300
MIAMI, FL 33134

FEI Number: 75-3172927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STIEGLITZ, NICK W JR.
169 E. FLAGLER ST.
1512
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOZANO, GIL
Address: 1450 MADRUGA AVE., SUITE 207
City-St-Zip: CORAL GABLES, FL 33146

Title: VPST ( ) Delete
Name: LOZANO, SCHEHERAZADE
Address: 1450 MADRUGA AVE., SUITE 207
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOZANO, GIL
Address: 2655 SO. LEJEUNE ROAD, #300
City-St-Zip: MIAMI, FL 33134

Title: VPST (X) Change ( ) Addition
Name: LOZANO, SCHEHERAZADE
Address: 2655 SO. LEJEUNE ROAD
City-St-Zip: MIAMI, FL 33134

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: GIL LOZANO P 05/03/2006

Electronic Signature of Signing Officer or Director — Date