

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072230

FILED
Jan 11, 2008
Secretary of State

Entity Name: VANGUARD PAYMENT SYSTEMS, INC.

Current Principal Place of Business:

28100 US HWY 19 N
SUITE 411
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

28100 US HWY 19 N
SUITE 411
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-2960172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORA, MELVIN D
1155 SKYE LANE
PALM HARBOR, FL 34683 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: ORA, MELVIN D
Address: 1155 SKYE LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: CHATANI, RAVI C
Address: 700 S. HARBOUR ISLAND BLVD, #746
City-St-Zip: TAMPA, FL 33602 US

Title: D (X) Delete
Name: SCHIRMER, MATTHEW J
Address: 1460 BELTREES STREET #11
City-St-Zip: DUNEDIN, FL 34698 US

Title: D () Delete
Name: FERRARA, V. RAYMOND
Address: 611 DRUID ROAD EAST, SUITE 105
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MELVIN D ORA

CEO

01/11/2008

Electronic Signature of Signing Officer or Director

Date