

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155810

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: STRATEGIC PROCESSING SERVICES, INC

## Current Principal Place of Business:

4047 OKEECHOBEE BLVD  
SUITE # 208  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

## Current Mailing Address:

4047 OKEECHOBEE BLVD  
SUITE # 208  
WEST PALM BEACH, FL 33409

## New Mailing Address:

FEI Number: 20-8064014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESTIME, MICHOLEE  
4870 CLASSIC DRIVE  
WEST PALM BEACH, FL 33417 US

## Name and Address of New Registered Agent:

ESTIME, MICHOLEE  
4047 OKEECHOBEE BLVD  
SUITE 208  
WEST PALM BEACH, FL 33409 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:

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESTIME, MICHOLEE  
Address: 4870 CLASSIC DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP (X) Delete  
Name: ESTIME, RAMEAU  
Address: 4870 CLASSIC DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP (X) Delete  
Name: SEPTEMBRE, DJUMY  
Address: 2001 SW MARBLEHEAD RD  
City-St-Zip: PORT ST LUCIE, FL 34958

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ESTIME, MICHOLEE  
Address: 4047 OKEECHOBEE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

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: MICHOLEE ESTIME

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date