2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# P07000033771

Entity Name: ATRIS PROCESSING SOLUTIONS, INC.

Current Principal Place of Business:

2457 CARE DR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

3405 NW 97TH BLVD
SUITE A100
GAINESVILLE, FL 32606

Current Mailing Address:

2457 CARE DR.
TALLAHASSEE, FL 32308

New Mailing Address:

3405 NW 97TH BLVD
SUITE A100
GAINESVILLE, FL 32606

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.
2457 CARE DR.
TALLAHASSEE, FL 32308 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: CEO ( ) Delete
Name: DAVIS, LON R
Address: 2457 CARE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: PCOO ( ) Delete
Name: WALLS, CARL
Address: 2457 CARE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: IGLER, A. GEORGE
Address: 2457 CARE DR.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change ( ) Addition
Name: DAVIS, LON R
Address: 2457 CARE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: CEOP (X) Change ( ) Addition
Name: WALLS, CARL
Address: 2457 CARE DR.
City-St-Zip: TALLAHASSEE, FL 32308

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: TRAVIS R WALKER ATTY 01/23/2008
Electronic Signature of Signing Officer or Director — Date