

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000044282

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ALTERNATIVE PAYMENT SOLUTIONS INC.

**Current Principal Place of Business:**

533 36 AVENUE NE  
ST PETERSBURG, FL 33704

**New Principal Place of Business:**

2932 CENTRAL AV  
ST PETERSBURG, FL 33712

**Current Mailing Address:**

533 36 AVENUE NE  
ST PETERSBURG, FL 33704

**New Mailing Address:**

236 10TH AVENUE NE  
APT 9  
ST PETERSBURG, FL 33701

**FEI Number:** 56-2668620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAUL, ROSELLA R  
4016 HENDERSON BVLD  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

MCATEE, CAROL  
5401 CENTRAL AV  
ST PETERSBURG, FL 33710 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: CAROL MCATEE

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PANLILIO, PAUL V  
Address: 236 10TH AVENUE NE UNIT 9  
City-St-Zip: ST PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: PAUL V PANLILIO

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date