

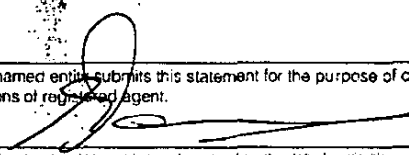
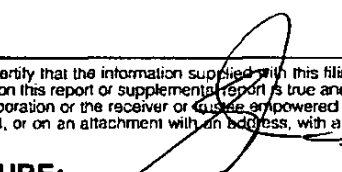


**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90008 035 \*\*\*158.75

<b>DOCUMENT # P07000055407</b>						<b>Secretary of State</b>	
1. Entity Name <b>TRILLIAN MERCHANT PROCESSING, INC.</b>						02-26-2008 90008 035 ***158.75	
Principal Place of Business <b>2500 E. HALLANDALE BLVD SUITE 800 HALLANDALE FL 33009</b>		Mailing Address <b>2500 E. HALLANDALE BLVD SUITE 800 HALLANDALE FL 33009</b>					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				1st MOORE CR2E034 (10/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>26-0438977</b>		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SANTELICES, ERIC 10930 CEDAR LANE PEMBROKE PINES FL 33026</b>				7. Name and Address of New Registered Agent Name <b>ERIC-SANTELICES</b> Street Address (P.O. Box Number is Not Applicable) <b>2500 E. HALLANDALE BLVD, SUITE 800</b> City <b>Hallandale</b> FL Zip Code <b>33009</b>			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>1/24/07</b> <small>Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent's signature required when withdrawing)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTELICES, ERIC 2500 E. HALLANDALE BLVD, SUITE 800 HALLANDALE FL 33009 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				ERIC L. SANTELICES 1/24/07 954-889 0904 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			