2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000119657

Entity Name: VIRTUAL PAYMENT SOLUTIONS, INC

Current Principal Place of Business:

1180 SW 36TH AVE
204
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1180 SW 36TH AVE
204
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 75-3258609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTZ, JEFFREY L
333 LAS OLAS WAY
APT# 3006
FT. LAUDERDALE, FL 33301 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: P ( ) Delete
Name: RAPPA, DAVID E
Address: 3005 LAKESHORE DRIVE
City-St-Zip: DEERFILED BEACH, FL 33442 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO ( ) Change (X) Addition
Name: FASCI, MICHAEL
Address: PO BOX 500
City-St-Zip: E TAUNTON, MA 02718

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: MICHAEL FASCI CFO 04/29/2009

Electronic Signature of Signing Officer or Director Date