2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003107

Address:

City-St-Zip:

5700 MEMORIAL HWY, SUITE 202A

TAMPA, FL 33615

Entity Name: ALERT MERCHANT SERVICES, INC.

FILED Apr 16, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|----------------------|----------------------------------|---|--|--|
| | IORIAL HWY | | | | |
| 202A TAMPA, F | L 33615 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 5700 MEM 202A | IORIAL HWY | | | | |
| TAMPA, F | L 33615 | | | | |
| FEI Number | : 26-1758526 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 5700 MEM 202A TAMPA, F The above | | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| in the State | e of Florida. | | | | |
| SIGNATU | | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MORISSETTE, | AL HWY, SUITE 202A | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | PARDO, VENAN | AL HWY, SUITE 202A | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: | T () PEREZ, CRIST | Delete NO L | Title: (Name: |) Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: CRISTINO L PEREZ T 04/16/2009