## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000012565

Entity Name: PAPERLESSPAY CORPORATION

592 ELLIS ROAD, SUITE 110

JACKSONVILLE, FL 32254

Address: City-St-Zip: FILED Apr 29, 2009 Secretary of State

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Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
592 ELLIS ROAD			550 WATER STR	550 WATER STREET	
110 JACKSONVILLE, FL 32254			1020 JACKSONVILLE,	1020 JACKSONVILLE, FL 32202	
	lailing Addre			New Mailing Address:	
-			_	-	
592 ELLIS ROAD 110				550 WATER STREET 1020	
JACKSONVILLE, FL 32254				JACKSONVILLE, FL 32202	
FEI Number:	: 26-7287657	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
BROUGHTON, MARK 592 ELLIS ROAD			550 WATER STR	BROUGHTON, MARK 550 WATER STREET	
110 JACKSONVILLE, FL 32254 US			1020 JACKSONVILLE	JACKSONVILLE, FL 32254 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: W MARK BROUGHTON				04/29/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BROUGHTON	AD, SUITE 110	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PARICK, HEM	AD, SUITE 110	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	T ( PARICK, MITA	) Delete	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: W MARK BROUGHTON P 04/29/2009