2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P08000053078

Entity Name: ARISTON PAYMENT GROUP, INC.

Current Principal Place of Business:

528 HARBOR GROVE CIRCLE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

528 HARBOR GROVE CIRCLE
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 26-2734257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANNELLA, TONIANN
528 HARBOR GROVE CIRCLE
SAFETY HARBOR, FL 34695 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: D ( ) Delete
Name: MANNELLA, TONIANN
Address: 528 HARBOR GROVE CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: MIGLINO, RUSSELL
Address: 6642 10TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TONIANN MANNELLA OFC 02/12/2009

Electronic Signature of Signing Officer or Director Date