2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000089967

Title:

Name:

Address:

City-St-Zip:

FILED Nov 10, 2009 Secretary of State

Entity Name: PAYLESS COMPUTER SERVICES INC						
Current Principal Place of Business:				New Principal Place of Business:		
8803 FUTURES DR. UNIT # 10 ORLANDO, FL 32819						
Current Mailing Address:				New Mailing Address:		
8803 FUTURES DR. UNIT # 10-A ORLANDO, FL 32819						
FEI Number:	26-3462092	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HARRIS, DAMON F 8803 FUTURES DR. #10-A ORLANDO, FL 32819 US				PETER, GUILLETTE D 8803 FUTURES DR. #10-A ORLANDO, FL 32819 US		
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: PETER GUILLETTE				11/10/2009		
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES	Date TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () C GULA, RUVIM 8803 FUTURES I ORLANDO, FL 3			Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	P () C GUILLETE, PETE 14801 HUNTLEY ORLANDO, FL 3	DR.		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	EUART, ANDRÉA	ES DRIVE, APT 204		Title: () Name: Address: City-St-Zip:	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER GUILLETTE PRES 11/10/2009

(X) Delete

523 SABAL LAKES DRIVE, APT 204

HARRIS, DAMON F

LONGWOOD, FL 32779

() Change () Addition