2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2011
Secretary of State

DOCUMENT# P09000094894

Entity Name: SAFEPAY SERVICES, INC.

Current Principal Place of Business:

2704 REW CIRCLE
OCOEE, FL 34761

New Principal Place of Business:

2704 REW CIRCLE
SUITE 101
OCOEE, FL 34761

Current Mailing Address:

PO BOX 905
GOTHA, FL 34734

New Mailing Address:

2704 REW CIRCLE
SUITE 101
OCOEE, FL 34761

FEI Number: 27-1560147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASMA, C. NICK
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 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

OFFICERS AND DIRECTORS:

Title: D
Name: EAYRS, ALLAN
Address: 2704 REW CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D
Name: EAYRS, CHERYL
Address: 2704 REW CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: DPST
Name: EAYRS, CHRISTY
Address: 2704 REW CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: VP
Name: CARTY, WILLIAM
Address: 2704 REW CIRCLE
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: ALLAN F EAYRS DIR 01/20/2011

Electronic Signature of Signing Officer or Director Date