## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 08:00 Al Secretary of State

| 1. Entity Nam  | MENT # P9400006651  ED PROCESSOR DEVELOPME  |                                       | 04292008 No Chg-P CR2E034 (11/05)  |                           |                          |   |                     |
|--|---|---------------------------------------|--|---------------------------|--------------------------|---|---------------------|
| Principal Plac<br>3355 GUAVA<br>COCOA, FL 3  | STREET 3  |                                       |  |                           |                          |   |                     |
| •  |   |                                       |  |                           |                          |   |                     |
| C  | O NOT WRITE II  | CE                                    | 4. FEI Number 59-3270161   |                           |                          | Applied For Not Applicable  5. Additional |                     |
| ** :/-   | 6. Name and Address of Current Regis  | toward Amount                         | <del></del>  | 5. Cermicate              | or status Desired        | Fee Re                                    | equired             |
|  | I, MICHAEL<br>VA STREET<br>EL 32926   | DO NOT WRITE<br>IN THIS SPACE         |  |                           |                          |   |                     |
|  | named entity submits this statement for the plans of registered agent   |                                       | red office or register   | red agent, or bo          | th, in the State of Flor | ida. I am familiar                        | with, and accept    |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution |   |                                       |  | .00 May Be<br>led to Fees | U00000<br>05/29/08-      | 942900<br>80040-00:                       | L 150.00            |
| 10. INTE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRECT DPTS IACOPONI, MICHAEL 3355 GUAVA ST. COCOA, FL 32926   | CTORS                                 |  |                           |                          |   |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                                       |  |                           |                          |   | San A               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                                       |  | DO                        | NOT W                    | RITE                                      |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                                       |  | IN:                       | THIS SP                  | ACE                                       |                     |
| TITLE<br>NAME<br>CFREET ADDRESS<br>CITY+SF-ZIP   |   |                                       |  |                           |                          |   |                     |
| NAME STREET ADDRESS CITY-S1-ZIP  | e ta  | · · · · · · · · · · · · · · · · · · · | The state of the s |                           |                          |   |                     |
| indicatéd  | certify that the information supplied with this f<br>on this report or supplemental report is true;<br>poration or the receiver of trusted empowers<br>or or an attachment with an addless, with al | and accurate and that my sign:        | ature shall have the s   | same legal effe           | ot as if made under o    | ath, that I am an c                       | officer or director |