2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90046 026 ***150.00

DOCUMENT # P96000064538

1. Entity Name

MERCHANT SERVICES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
2189 CLEVELAND ST STE 257 CLEARWATER FL 33765	MERCHANT SERVICES INTERNATIONAL 2189 CLEVELAND STREET SUITE 257 CLEARWATER FL 33765

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2189 Cleveland ST.	SAME
Suite, Apt. #, etc.: STe 257	Suite, Apt. #, etc.:
City & State: Clearwater, FL	City & State:
Zip: 33765 Country: USA	Zip: Country:

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3413376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, BARBARA 2189 CLEVELAND ST., SUITE 257 CLEARWATER FL 34625	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, BARBARA 2189 CLEVELAND ST., SUITE 257 CLEARWATER FL 34625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANASTASAKIS, LUKE 2189 CLEVELAND ST., SUITE 257 CLEARWATER FL 34625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Levine 1/22/08 727-447-1828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #