2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000076859

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Apr 30, 2006 Secretary of State

Entity Nam	ie: PAY EASY	SOLUTIONS - COMPUPAY, I	INC.					
Current Principal Place of Business:				New Principal Place of Business:				
8300 N.W. 53RD ST. SUITE 401 MIAMI, FL 33166				3450 LAKESIDE DRIVE SUITE 400 MIRAMAR, FL 33027				
Current Mailing Address:				New Mailing Address:				
8300 N.W. 53RD ST. SUITE 401 MIAMI, FL 33166				3450 LAKESIDE DRIVE SUITE 400 MIRAMAR, FL 33027				
FEI Number:	65-0694642	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certifica	ate of Status	Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
1200 SOUT	DRATION SYST TH PINE ISLANI DN, FL 33324							
The above in the State		bmits this statement for the pu	urpose of	changing it	s registered o	office or i	registered a	agent, or both,
SIGNATUR								
Electronic Signature of Registered Agent							Date	
Election Cam	paign Financing 1	rust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () D HEINZMANN, THO 8300 N.W. 53RD MIAMI, FL 33166	DMAS ST. #401		Title: Name: Address: City-St-Zip:	PRES (X LATHROP, CH 3450 LAKESID MIRAMAR, FL	ARLES E DRIVE,	() Addition STE 400	
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	CFO (MCGRAIL, PET 3450 LAKESID MIRAMAR, FL	ER E DRIVE,	(X) Addition STE 400	

I hereby certify that the information supplied with this filing does not qualify for the 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:

EVP

HEINZMANN, THOMAS 3450 LAKESIDE DRIVE, STE 400

MIRAMAR, FL 33027

() Change (X) Addition

SIGNATURE: PETER MCGRAIL **CFO** 04/30/2006