2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024377

Entity Name: ATM PROCESSING SERVICES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
620 NW 35TH ST. BOCA RATON, FL 33431	1100 LINTON BLVD. SUITE C9 DELRAY BEACH, FL 33444

Current Mailing Address:	**New Mailing Address:**
620 NW 35TH ST. BOCA RATON, FL 33431	1100 LINTON BLVD. SUITE C9 DELRAY BEACH, FL 33444

FEI Number: 52-2089004   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CHIARENZA, GINA 3430 SAN BERNADINO DR DELRAY BEACH, FL 33445 US	CHIARENZA, GINA 3430 SAN BERNADINO DR. APT. C DELRAY BEACH, FL 33445 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: _____ 03/21/2005

                 Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: P ( ) Delete Name: CHIARENZA, GINA Address: 3430C SAN BERNADINO DRIVE City-St-Zip: DELRAY BEACH, FL 33445	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: GINA CHIARENZA   P   03/21/2005

             Electronic Signature of Signing Officer or Director   Date