

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034353

FILED
Apr 18, 2005
Secretary of State

Entity Name: ADVANCED PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

1419 W. WATERS AVE
SUITE 107-B
TAMPA, FL 33604

New Principal Place of Business:

1419 W. WATERS AVE
SUITE 107
TAMPA, FL 33604

Current Mailing Address:

1419 W. WATERS AVE
SUITE 107-B
TAMPA, FL 33604

New Mailing Address:

1419 W. WATERS AVE
SUITE 107
TAMPA, FL 33604

FEI Number: 59-3504700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABERNATHY, JOE
1419 W. WATERS AVE
SUITE 107-B
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

ABERNATHY, JOE
1419 W. WATERS AVE
SUITE 107
TAMPA, FL 33604 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:

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABERNATHY, JOE
Address: 324 SOUTH RIVERHILLS DR.
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ABERNATHY, JOE
Address: 1419 W. WATERS AVE. SUITE 107
City-St-Zip: TAMPA, FL 33604

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: JOE ABERNATHY

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date