2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# P99000009108

Entity Name: EFT INTEGRATION, INC.

Current Principal Place of Business:

224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3553645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
18450 NE 2ND AVE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCQUAIN, GEORGE
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST ( ) Delete
Name: DODAK, MICHAEL J
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCQUAIN, GEORGE
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: ST (X) Change ( ) Addition
Name: DODAK, MICHAEL J
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: SHARON JACKSON ASST 01/03/2006

Electronic Signature of Signing Officer or Director Date