

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000021800

Entity Name: M2 PAYMENT SOLUTIONS, INC.

FILED  
Apr 22, 2011  
Secretary of State

**Current Principal Place of Business:**

2301 MAITLAND CENTER PARKWAY  
SUITE 200  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2301 MAITLAND CENTER PARKWAY  
SUITE 200  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 27-2374202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ADAMS, JOSEPH W  
Address: 2301 MAITLAND CENTER PARKWAY, #200  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: ADAMS, JOSEPH W  
Address: 2301 MAITLAND CENTER PARKWAY, #200  
City-St-Zip: MAITLAND, FL 32751

Title: STD  
Name: MUSCATO, MICHAEL  
Address: 2301 MAITLAND CENTER PARKWAY, #200  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH W. ADAMS

PCEO

04/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date