2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# F07000000001

Entity Name: GRATIS CARD INC.

Current Principal Place of Business:

28 W 44TH STREET 16TH FLOOR
NEW YORK, NY 10036

New Principal Place of Business:

200 CENTRAL AVE
19TH FLOOR
ST. PETERSBURG, FL 33701

Current Mailing Address:

28 W 44TH STREET 16TH FLOOR
NEW YORK, NY 10036

New Mailing Address:

200 CENTRAL AVE
19TH FLOOR
ST. PETERSBURG, FL 33701

FEI Number: 20-2749131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HOGG, JASON J	
Address:	28 W 44TH STREET 16TH FLOOR	
City-St-Zip:	NEW YORK, NY 10036	
Title:	V	( ) Delete
Name:	CUMMINGS, DAX	
Address:	200 CENTRAL AVE 19TH FLOOR	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	S	( ) Delete
Name:	JOHNS, NICHOLAS P	
Address:	200 CENTRAL AVE 19TH FLOOR	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	T	( ) Delete
Name:	THOMPSON, DARREN	
Address:	200 CENTRAL AVE 19TH FLOOR	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	D	( ) Delete
Name:	CASE, STEPHEN	
Address:	1717 RHODE ISLAND AVE NW 10TH FLOOR	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	D	( ) Delete
Name:	LEOUSIS, TED	
Address:	1717 RHODE ISLAND AVE NW 10TH FLOOR	
City-St-Zip:	WASHINGTON, DC 20036	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	HOGG, JASON J	
Address:	200 CENTRAL AVE 19TH FLOOR	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: DARREN THOMPSON CFO 05/04/2007

Electronic Signature of Signing Officer or Director Date