

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90197 030 ***150.00

DOCUMENT # P04000168326			
1. Entity Name CONSUMER INCENTIVE PROGRAMS, INC.			
Principal Place of Business 2324 WAVERLY BARN ROAD DAVENPORT, FL 33897 US		Mailing Address P O BOX 105035 ATTN: TAX DEPT. ATLANTA, GA 30348-5035 US	
2. Principal Place of Business		3. Mailing Address 3225 Cumberland Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. 100	
City & State		City & State Atlanta GA	
Zip	Country	Zip	Country
		30339	USA
4. FEI Number 20-1999701		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P-AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKER, MAX	NAME	DK
STREET ADDRESS	2324 WAVERLY BARN ROAD	STREET ADDRESS	OK
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	OK
TITLE	SVD <input type="checkbox"/> Delete	TITLE	S-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLCH, SUSAN B	NAME	OK
STREET ADDRESS	2324 WAVERLY BARN ROAD	STREET ADDRESS	OK
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	OK
TITLE	VASD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, ALLISON B	NAME	
STREET ADDRESS	2324 WAVERLY BARN ROAD	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMBACHER, ROBERT J	NAME	
STREET ADDRESS	2324 WAVERLY BARN ROAD	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	
TITLE	ASV <input checked="" type="checkbox"/> Delete	TITLE	AS-VP- Gen Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CZAJA, CLAUDE P	NAME	Gura, Philip P.
STREET ADDRESS	2324 WAVERLY BARN ROAD	STREET ADDRESS	2324 Waverly Barn Rd.
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	Davenport, FL 33897
TITLE	ASD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMBACHER, ROBERT J	NAME	
STREET ADDRESS	2324 WAVERLY BARN ROAD	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert J. Dumbacher</u>		ROBERT J. DUMBACHER 4/25/06 (770) 431-7600 x.1188	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date Phone #	