

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 30339	Country USA	4. FEI Number 20-1999701	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	P LENKER, MAX 2324 WAVERLY BARN ROAD DAVENPORT, FL 33897 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BOLCH, SUSAN B 2324 WAVERLY BARN ROAD DAVENPORT, FL 33897 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD MORAN, ALLISON B 2324 WAVERLY BARN ROAD DAVENPORT, FL 33897 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT DUMBACHER, ROBERT J 2324 WAVERLY BARN ROAD DAVENPORT, FL 33897 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV CZAJA, CLAUDE P 2324 WAVERLY BARN ROAD DAVENPORT, FL 33897 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS-VP- Gen Counsel Gura, Philip P. 2324 Waverly Barn Rd. Davenport, FL 33897 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DUMBACHER, ROBERT J 2324 WAVERLY BARN ROAD DAVENPORT, FL 33897 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					