2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# 605461

Entity Name: LENBARB CARDS AND GIFTS, INC.

Current Principal Place of Business:

9850 ALT A1A #506
PALM BEACH GARDENS, FL 33410 PB

New Principal Place of Business:

Current Mailing Address:

9850 ALT A1A #506
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-1913685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERMAN, ALAN
9850 ALTERNATE A1A
#506
PALM BEACH GARDENS, FL 33410 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: P ( ) Delete
Name: BERMAN, ALAN,
Address: 9850 ALTERNATE A1A STE 506
City-St-Zip: PALM BEACH GARDS, FL 33410 PB

Title: VP ( ) Delete
Name: BERMAN, ALAN
Address: 9850 ALTERNATE A1A STE 506
City-St-Zip: PALM BEACH, FL 33410 PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALAN BERMAN PRES 02/20/2009

Electronic Signature of Signing Officer or Director — Date