

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000721

Entity Name: CARDINAL BRANDS, INC.

FILED  
Jan 09, 2007  
Secretary of State

## Current Principal Place of Business:

643 MASSACHUSETTS  
STE 200  
LAWRENCE, KS 66044

## New Principal Place of Business:

## Current Mailing Address:

643 MASSACHUSETTS  
STE 200  
LAWRENCE, KS 66044

## New Mailing Address:

FEI Number: 48-0971237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: D ( ) Delete  
Name: BAUMAN, L. JOSEPH  
Address: 643 MASSACHUSETTS STE 200  
City-St-Zip: LAWRENCE, KS 66044

Title: PSD ( ) Delete  
Name: OLSON, RODNEY E  
Address: 643 MASSACHUSETTE STE 200  
City-St-Zip: LAWRENCE, KS 66044

Title: V ( ) Delete  
Name: JONES, PHILIP D  
Address: 643 MASSACHUSETTS STE 200  
City-St-Zip: LAWRENCE, KS 66044

Title: VAS ( ) Delete  
Name: WISCHNACK, PAULA C  
Address: 643 MASSACHUSETTE STE 200  
City-St-Zip: LAWRENCE, KS 66044

Title: V ( ) Delete  
Name: BOWES, WILLIAM  
Address: 108 SUMNER COURT  
City-St-Zip: GEORGETOWN, KY 40324

Title: VD ( ) Delete  
Name: MORGAN, JEFFREY S  
Address: 643 MASSACHUSETTS  
City-St-Zip: LAWRENCE, KS 66044

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULA C. WISCHNACK

VAS

01/09/2007

Electronic Signature of Signing Officer or Director

Date