

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000005046

Entity Name: CARD BENEFITS, INC.

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

102 NE 2ND ST SUITE 381
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

102 NE 2ND ST SUITE 381
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-5284664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOHA, MARTIN
102 NE 2ND ST SUITE 381
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

GALLETS, EUNICE
2825 SW 22ND AVE. STE. 105
DELRAY BEACH, FL 33445 US

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: EUNICE GALLETS

10/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: TOHA, MARTIN
Address: 102 NE 2ND ST SUITE 381
City-St-Zip: BOCA RATON, FL 33432

Title: T () Delete
Name: TOHA, MARTIN
Address: 102 NE 2ND ST SUITE 381
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LASALA, MICHAEL
Address: 4244 W. TENNESSEE ST. #205
City-St-Zip: TALLAHASSEE, FL 32304

Title: SEC (X) Change () Addition
Name: LASALA, MICHAEL
Address: 4244 W. TENNESSEE ST. #205
City-St-Zip: TALLAHASSEE, FL 32304

Title: DIR () Change (X) Addition
Name: LASALA, MICHAEL
Address: 4244 W. TENNESSEE ST. #205
City-St-Zip: TALLAHASSEE, FL 32304

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: MICHAEL LASALA

PRES

10/09/2007

Electronic Signature of Signing Officer or Director

Date