2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# L20602

Entity Name: CARDS "R" LESS, INC.

Current Principal Place of Business:

12148 US HWY 19 NORTH
%DEBORAH K. MENTZ
HUDSON, FL 346679058

New Principal Place of Business:

Current Mailing Address:

10046 STATE RD. 52
HUDSON, FL 346693096

New Mailing Address:

FEI Number: 59-2974695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENTZ, DEBORAH K.
4154 BAREMERE DR
SPRING HILL, FL 34609 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

OFFICERS AND DIRECTORS:

Title: P
Name: MENTZ, DEBORAH K.
Address: 4154 BAREMERE DR
City-St-Zip: SPRING HILL, FL 34609

Title: D
Name: MENTZ, DEBORAH K.
Address: 4154 BAREMERE DR
City-St-Zip: SPRING HILL, FL 34609

Title: VPRE
Name: MENTZ, BRIAN
Address: 11644 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SECY
Name: MENTZ, AMY N
Address: 11644 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP
Name: MENTZ, BRIAN N
Address: 11644 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S
Name: MENTZ, AMY N
Address: 11644 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH K. MENTZ PRES 04/03/2012

Electronic Signature of Signing Officer or Director — Date