



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # M74582 1. Entity Name SOUTHERN CARD AND NOVELTY, INC.			
Principal Place of Business 324 ANDALUSIA AVE #1 ORMOND BEACH, FL 32174 US		Mailing Address 324 ANDALUSIA AVE #1 ORMOND BCH, FL 32174 US	
DO NOT WRITE IN THIS SPACE			
		04052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2880729	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SPIESS, LOIS 209 OSCEOLA AVE ORMOND BEACH, FL 32176		DO NOT WRITE IN THIS SPACE	
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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div>U000000698212</div> <div>04/18/07-80069-023 150.00</div> DO NOT WRITE IN THIS SPACE	
P BADORE, WAYNE 324 ANDALUSIA AVE., #1 ORMOND BEACH, FL 32174			
VP MCKINLEY, DANIEL 324 ANDALUSIA AVE., #1 ORMOND BEACH, FL 32174			
ST SPIESS, LOIS 324 ANDALUSIA AVE., #1 ORMOND BEACH, FL 32174			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>X. Lois Spiess</i>		4-6-07 386-673-6745	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
4/5/07:JFW: d		Lois Spiess	