

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006013

FILED
Jan 08, 2009
Secretary of State

Entity Name: CREDIT CARD MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4611 OKEECHOBEE BLVD., SUITE 114
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

4611 OKEECHOBEE BLVD., SUITE 114
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 31-1483386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOHUE, PAUL
8605 DOVERBROOK DR
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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUDAK, JUNE
Address: 3146 MIRO DRIVE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: CURRAN, MATHEW
Address: 408 4TH COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: STAHURA, KURT
Address: 975 SEVEN HILLS DRIVE, APT 715
City-St-Zip: HENDERSON, NV 89052

Title: D () Delete
Name: DONOHUE, PAUL L JR
Address: 8605 DOVERBROOK DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL DONOHUE

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date