

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009791

Entity Name: BANCARD SERVICES, INC.

FILED
Jan 16, 2006
Secretary of State

Current Principal Place of Business:

1883 W. STATE RD. 84 SUITE 105
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

1868 N. UNIVERSITY DR
SUITE 304
PLANTATION, FL 33322

Current Mailing Address:

1883 W. STATE RD. 84 SUITE 105
SUITE 1003
FORT LAUDERDALE, FL 33315

New Mailing Address:

4 WOODHOLLOW RD
SUITE 130
PARSIPPANY, NJ 07054

FEI Number: 52-2212983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, STEPHEN J
1883 W. STATE RD. 84
SUITE 105
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

JAMES TITTLE P.A.
4 HARVARD CIRCLE
SUITE 600
WEST PALM BEACH, FL 33409 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: JIM TITTLE

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAPIRO, STEPHEN J
Address: 1883 W. STATE RD. 84 #105
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: SHAPIRO, SCOTT P
Address: 1883 W. STATE RD. 84 #105
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: KARGER, DARREN
Address: 42 EMERSON RD.
City-St-Zip: MORRIS PLAINS, NJ 07950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHAPIRO, STEPHEN J
Address: 4 WOODHOLLOW RD #130
City-St-Zip: PARSEPPANY, NJ 07054

Title: D (X) Change () Addition
Name: SHAPIRO, SCOTT P
Address: 1868 N UNIVERSITY DR #304
City-St-Zip: PLANTATION, FL 33322

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: STEVE SHAPIRO

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date