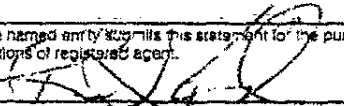
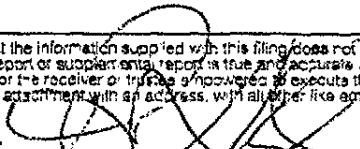


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000049841			
1. Entity Name IQCARD, INC.			
Principal Place of Business 22598 SEA BASS DRIVE BOCA RATON, FL 33428		Mailing Address 22598 SEA BASS DRIVE BOCA RATON, FL 33428	
DO NOT WRITE IN THIS SPACE			
		04302004 No Chg-F CR2E034 (10/03)	
		4. FEI Number 65-1007236	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
KNUDSEN, RONNIE 22598 SEA BASS DRIVE BOCA RATON, FL 33428		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: 		DATE: 4/30/04	
Signature typed or printed name of registered agent and his representative.		NOTE: Registered Agent signature required when relinquishing.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000149325 05/03/04-80181-025 150.00	
TITLE: P			
NAME: KNUDSEN, RONNIE			
STREET ADDRESS: 22598 SEA BASS DRIVE			
CITY-ST-ZIP: BOCA RATON, FL 33428			
TITLE:			
NAME:			
STREET ADDRESS:			
CITY-ST-ZIP:			
TITLE:			
NAME:			
STREET ADDRESS:			
CITY-ST-ZIP:			
TITLE:			
NAME:			
STREET ADDRESS:			
CITY-ST-ZIP:			
TITLE:			
NAME:			
STREET ADDRESS:			
CITY-ST-ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 authorized to execute this report as required by Chapter 807, 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 appointments.			
SIGNATURE: 		DATE: 4/30/04 DAYTIME PHONE: 561-451-3196	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE	