2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State

DOCUMENT # P00000049841 1. Entity Name IQCARD, INC.									03-16-200	06 90237 ()25 ***15	0.00	
Principal Plac	e of Busines	s	Mailing Address					4000-	• -				
22598 SEA BASS DRIVE BOCA RATON, FL 33428				22598 SEA BASS DRIVE BOCA RATON, FL 33428									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03092006	Chg-P	Chg-P CR2E034 (11/05)			
City & State				City & State				4. FEI Number Applied Fo 65-1007236 Not Applied			oplied For of Applicable		
Zip 	Country			Zip	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required							
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
KNUDSEN, RONNIE 22598 SEA BASS DRIVE						Street Address (P.O. Box Number is Not Acceptable)							
BOCA RATON, FL 33428													
						City				FL	Zip Cod	e	
	named entitions of regis		tement for the	purpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the State of	Florida. I am	ı familiar with,	and accept	
SIGNATURE_	Signature types	l or printed name of regi	stered agent and title	if annicable (NOTE	Remeters	d Anent evnetur	re required	when reinstating)		DATE			
	Signature, typec	or printed rearile or regi.	stereo agent ano bue	ii apparame. (NOTE	registere	o Agent signatu	ie iedonied	when rensamy		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							\$5. Adde	00 May Be ed to Fees					
10.		OFFICE	RS AND DIRE	CTORS	11.			ADDITIONS	CHANGES TO O	FFICERS AN		S IN 11	
TITLE NAME	P Delete				TITLE		Pil	dson_	Romin		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	22598 SEA BASS DRIVE					ET ADDRESS -ST-ZIP	225 300	98 Sea a Rat	Ronnie Bass I Ong FL	33488 33488	<mark>ኔ</mark>		
TITLE NAME			•	☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS CITY-S1-ZIP						ET ADDRESS - ST - ZIP							
TITLE				☐ Delete	ŦITLE	:		· ·			☐ Change	☐ Addition	
NAME STREET ADDRESS					NAMI STRE	E Et address							
CITY-ST-ZIP	. <u>-</u>				CITY	-ST-ZIP							
TITLE NAME				☐ Delete	NAMI						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADORESS - ST-ZIP							
TITLE NAME	☐ Delete TITLE										☐ Change	Addition	
STREET ADDRESS CITY+ST-ZIP					STRE	ET ADDRESS -ST-ZIP							
TITLE	☐ Delete TITLE										☐ Change	Addition	
NAME STREET ADDRESS	NAM STRE					ET ADORESS							
CITY+ST-ZIP			-	1/	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 suppliemental report is type and accurate and final may 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 trusted empoyered to execute this eport 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 expowered.													
SIGNATURE: 36 56 483.4392												92	
	 _	SIGNATURE AND	TYPED OR PRINTED	NAME OF SIGNING OFFICER	OR DIRECT	OR			Nate	•	Daytime Phone #		