2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 08:00 AM Secretary of State **DOCUMENT # P01935** 1. Entity Name CARD SOUND PROPERTIES, INC. Principal Place of Business Mailing Address 9 BARRACUDA LANE 9 BARRACUDA LANE KEY LARGO, FL 33037 KEY LARGO, FL 33037 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1960652 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRYAN, SUSAN G DO NOT WRITE 9 BARRACUDA LANE KEY LARGO, FL 33037 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE BRYAN, SUSAN G NAME STREET ADDRESS 11 PERKY RD CITY-ST-7IP KEY LARGO, FL 33037 TITLE Undudustiass? NAME 04/16/05-80002-021 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(1), 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED