2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005
Secretary of State

DOCUMENT# P02000053362

Entity Name: MAGSTRIPE, INC.

Current Principal Place of Business:

6105 KITERIDGE DR
LITHIA, FL 33547

New Principal Place of Business:

6105 KITERIDGE DR
LITHIA, FL 33547 US

Current Mailing Address:

6105 KITERIDGE DR
LITHIA, FL 33547

New Mailing Address:

P.O. BOX 292
LITHIA, FL 33547 US

FEI Number: 55-0788157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARKER, JOHN W
6105 KITERIDGE DR
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

PARKER, SHARON L PRES.
6105 KITERIDGE DR
LITHIA, FL 33547 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: SHARON LEE PARKER 01/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARKER, WES
Address: 6105 KITERIDGE DR
City-St-Zip: LITHIA, FL 33547

Title: S ( ) Delete
Name: PARKER, SHARON
Address: 6105 KITERIDGE DR
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARKER, SHARON L PRES.
Address: 6105 KITERIDGE DR
City-St-Zip: LITHIA, FL 33547 US

Title: D (X) Change ( ) Addition
Name: PARKER, JOHN W DIRECT.
Address: 6105 KITERIDGE DR
City-St-Zip: LITHIA, FL 33547 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON LEE PARKER PRES 01/29/2005
Electronic Signature of Signing Officer or Director Date