

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90384 013 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # P02000053362 1. Entity Name MAGSTRIPE, INC. | | | |
| Principal Place of Business 6105 KITERIDGE DR LITHIA, FL 33547 US | | Mailing Address P.O. BOX 292 LITHIA, FL 33547 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 6105 Kiteridge Dr. Suite, Apt. #, etc. | |
| City & State Lithia FL | | City & State Lithia FL | |
| Zip 33547 | | Zip 33547 | |
| Country USA | | Country USA | |
| 4. FEI Number 55-0788157 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARKER, SHARON L PRES. 6105 KITERIDGE DR LITHIA, FL 33547 | | 7. Name and Address of New Registered Agent Name John W. Parker Street Address (P.O. Box Number is Not Acceptable) 6105 Kiteridge Dr. City Lithia FL Zip Code 33547 | |
| 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 John W Parker President 4-22-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PARKER, SHARON L PRES. 6105 KITERIDGE DR LITHIA, FL 33547 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3 Sharon L. Parker 6105 Kiteridge Dr. Lithia FL 33547 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, JOHN W DIRECT. 6105 KITERIDGE DR LITHIA, FL 33547 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P and D John W. Parker 6105 Kiteridge Dr. Lithia FL 33547 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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. | | | |
| SIGNATURE: John W Parker <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4-22-06 Daytime Phone # 8136622606 | |