2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000067759

HDO CARD SYSTEMS, INC.

Principal Place of Business

2009 APALACHEE PKWY

SUITE 110 TALLAHASSEE, FL 32301

Mailing Address,

1809 MICCOSUKEE COMMONS DR SUITE 108

TALLAHASSEE, FL 32308

FILED May 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3652782 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS DR **SUITE 108** TALLAHASSEE, FL 32308

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORWOOD, BILL R 2009 APALACHEE PKWY STE 110 TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000357524 05/04/05-80076-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,
TITLE NAME					

12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under cath; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DE

Norwood

4-30-05