

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010564

FILED
Jan 11, 2008
Secretary of State

Entity Name: CHARGE CARD SYSTEMS, INC.

Current Principal Place of Business:

3299 N.W. BOCA RATON BLVD., STE 100
BOCA RATON, FL 33431

New Principal Place of Business:

1515 SOUTH FEDERAL HWY.
STE. 106
BOCA RATON, FL 33432

Current Mailing Address:

3299 N.W. BOCA RATON BLVD., STE 100
BOCA RATON, FL 33431

New Mailing Address:

1515 SOUTH FEDERAL HWY.
STE. 106
BOCA RATON, FL 33432

FEI Number: 83-0348728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUDEN, JAMES L ESQ.
370 W. CAMINO GARDENS BLVD., STE 210
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: ANDREOZZI, ANTHONY
Address: 3299 N.W. BOCA RATON BLVD., STE 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: ANDREOZZI, ANTHONY
Address: 1515 S FEDERAL HWY., STE. 106
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTHONY ANDREOZZI SR.

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date