
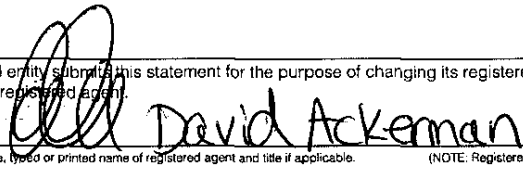
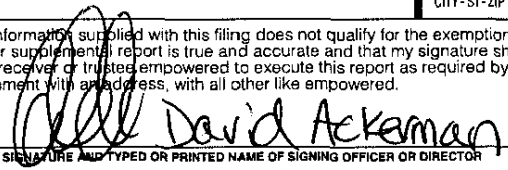


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90011 033 ***150.00

DOCUMENT # P03000091496 1. Entity Name BUSINESS TO BUSINESS MARKETING CARDS, INC.																											
Principal Place of Business 18228 SW 3RD STREET PEMBROKE PINES, FL 33029		Mailing Address 18228 SW 3RD STREET PEMBROKE PINES, FL 33029																									
2. Principal Place of Business 10122 N.W. 50 St. Suite, Apt. #, etc.		3. Mailing Address 10122 N.W. 50 St. Suite, Apt. #, etc.																									
City & State Sunrise, FL Zip 33351		City & State Sunrise, FL Zip 33351																									
Country USA		Country USA																									
4. FEI Number 20-0249961		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 ACKERMAN, DAVID 18228 SW 3RD STREET PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name David Ackerman Street Address (P.O. Box Number is Not Acceptable) 10122 NW 50 Street City Sunrise FL Zip Code 33351																									
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  David Ackerman DATE January 7, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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12. I hereby certify that the information supplied with this filing 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 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:  David Ackerman DATE January 7, 2004 DAYTIME PHONE # 954-578-0404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											