

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017570

Entity Name: CARDOFFERS.COM, INC.

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

90 ALTON ROAD
SUITE 1706
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

1001 IVES DAIRY ROAD
SUITE 204
MIAMI, FL 33179 US

Current Mailing Address:

90 ALTON ROAD
SUITE 1706
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 55-0857757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA, INC.
111 N.E. FIRST STREET
SUITE 901
MIAMI, FL 33132 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DASKALOFF, ALEXANDER
Address: 90 ALTON ROAD, SUITE 1706
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DASKALOFF, ALEXANDER
Address: 1001 IVES DAIRY ROAD
City-St-Zip: MIAMI, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXANDER DASKALOFF

PRES

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date