


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90162 030 ***150.00

DOCUMENT # P04000094041	
1. Entity Name CARDED BENEFITS, INC.	

Principal Place of Business 6549 VIA BENITA BOCA RATON, FL 33433 US	Mailing Address 6549 VIA BENITA BOCA RATON, FL 33433 US
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2. Principal Place of Business 11338 Clover Leaf Cir Suite, Apt. #, etc.	3. Mailing Address 11338 Clover Leaf Cir Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State Boca Raton FL
Zip 33428	Zip 33428
Country USA	Country USA



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 83-0399317		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 LIPSON, STUART A ESQ 16900 NE 19TH AVE. N. MIAMI BCH, FL 33162		
7. Name and Address of New Registered Agent Name Robert Weinberg Street Address (P.O. Box Number is Not Acceptable) 11338 Clover leaf Circle City Boca Raton FL Zip Code 33428		

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 **Robert Weinberg, Dir.** **Robert Weinberg, Dir.** **4-20-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, ROBERT W 6549 VIA BENITA BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11338 Clover leaf Circle Boca Raton FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, ALAN 2801 UNIVERSITY DR., SUITE 306 CORAL SPRINGS, FL 33075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 University Drive #408 Coral Springs FL 33065
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
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

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: **Robert Weinberg, Dir.** **Robert Weinberg,**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dir.** **4-20-05** **561-482-1250**
Date Daytime Phone #