2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 24, 2006 08:00 AM **Secretary of State DOCUMENT # P04000096158** ALBERTO CARDS, INC. Principal Place of Business Mailing Address 265 116TH STREET OCEAN 265 116TH STREET OCEAN MARATHON, FL 33050 MARATHON, FL 33050 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1380651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, ANGELBERTO DO NOT WRITE 265 116TH STREET OCEAN MARATHON, FL 33050 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE SANCHEZ, ANGELBERTO NAME 265 116TH STREET OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON, FL. 33050 TITLE NAME STREET ADDRESS 02/01/06-80028-019 150.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-\$1-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under ceth; 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.

Resident

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

2006

Daytime Phone #