

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-26-2005 90028 013 ***150.00

DOCUMENT # P04000100984 1. Entity Name XPONCARD, INC.					
Principal Place of Business 112 J STREET 2ND FLOOR SACRAMENTO, CA 95814 US			Mailing Address 112 J STREET 2ND FLOOR SACRAMENTO, CA 95814 US		
2. Principal Place of Business 14361 Commerce Way Suite, Apt. #, etc. Suite 303 City & State Miami Lakes, Florida Zip 33016		3. Mailing Address 112 J Street Suite, Apt. #, etc. 2nd Floor City & State Sacramento, California Zip 95814			
4. FEI Number 20-1344267		5192005 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO; Thomas Knudssøn <input type="checkbox"/> Delete Tørringvej 15 DK-2610 Rødovre, Denmark		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO; Lars Klasmark <input type="checkbox"/> Delete Tørringvej 15 DK-2610 Rødovre, Denmark		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec, Finn Martensen <input type="checkbox"/> Delete 112 J Street, 2nd Floor Sacramento, CA 95814		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Flemming Breinholt <input type="checkbox"/> Delete Tørringvej 15 DK-2610 Rødovre, Denmark		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Lars Klasmark <input type="checkbox"/> Delete Tørringvej 15 DK-2610 Rødovre, Denmark		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: Finn Martensen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/19/05 (916) 448-9088 Date Daytime Phone #		