2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P04000100984

Entity Name: XPONCARD, INC.

Current Principal Place of Business:

14361 COMMERCE WAY
SUITE 303
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

112 J STREET
2ND FLOOR
SACRAMENTO, CA 95814 US

New Mailing Address:

FEI Number: 20-1344267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: KNUDSSON, THOMAS
Address: TORRINGVEJ 15
City-St-Zip: RODOVRE, DK 2600 DK

Title: CFO ( ) Delete
Name: MAARTENSSON, LEIF
Address: TORRINGVEJ 15
City-St-Zip: RODOVRE, DK 2600 DK

Title: S ( ) Delete
Name: MARTENSEN, FINN
Address: 112 J STREET, 2ND FLR
City-St-Zip: SACRAMENTO, CA 95814 US

Title: D ( ) Delete
Name: BREINHOLT, FLEMMING
Address: TORRINGVEJ 15
City-St-Zip: RODOVRE, DK 2600 DK

Title: D ( ) Delete
Name: MAARTENSSON, LEIF
Address: TORRINGVEJ 15
City-St-Zip: RODOVRE, DK 2600 DK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FINN MARTENSEN CS 04/12/2007

Electronic Signature of Signing Officer or Director — Date