

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000151369

FILED
Apr 19, 2009
Secretary of State

Entity Name: GOLD CARD FINANCE CORPORATION

Current Principal Place of Business:

1866 AURORA RD.
MELBOURNE, FL 32935 US

New Principal Place of Business:

1900 AURORA RD.
MELBOURNE, FL 32935 US

Current Mailing Address:

1900 AURORA RD.
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 20-1855189 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: POWER, BRIAN T
Address: 1866 AURORA RD.
City-St-Zip: MELBOURNE, FL 32935 US

Title: SECR () Delete
Name: POWER, HEATHER
Address: 1866 AURORA RD.
City-St-Zip: MELBOURNE, FL 32935 US

Title: TRES () Delete
Name: POWER, BRIAN T
Address: 1866 AURORA RD
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POWER, BRIAN T
Address: 1900 AURORA RD.
City-St-Zip: MELBOURNE, FL 32935 US

Title: SECR (X) Change () Addition
Name: POWER, HEATHER
Address: 1900 AURORA RD.
City-St-Zip: MELBOURNE, FL 32935 US

Title: TRES (X) Change () Addition
Name: POWER, BRIAN T
Address: 1900 AURORA RD
City-St-Zip: MELBOURNE, FL 32935 US

I hereby certify that the information supplied with this filing does not qualify 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: HEATHER K. POWER

SECR

04/19/2009

Electronic Signature of Signing Officer or Director

Date