


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90065 014 \*\*\*150.00

<b>DOCUMENT # P04000168326</b> 1. Entity Name <b>CONSUMER INCENTIVE PROGRAMS, INC.</b>	
--	---

Principal Place of Business <b>2324 WAVERLY BARN ROAD</b> <b>DAVENPORT, FL 33897 US</b>	Mailing Address <b>3225 CUMBERLAND BLVD</b> <b>STE. 100</b> <b>ATLANTA, GA 30339 US</b>
---	--

60020713



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01032007 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
---	---

4. FEI Number <b>20-1999701</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PAS LENKER, MAX <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2324 WAVERLY BARN ROAD	NAME	
STREET ADDRESS	DAVENPORT, FL 33897	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD BOLCH, SUSAN B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2324 WAVERLY BARN ROAD	NAME	
STREET ADDRESS	DAVENPORT, FL 33897	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VASD MORAN, ALLISON B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2324 WAVERLY BARN ROAD	NAME	
STREET ADDRESS	DAVENPORT, FL 33897	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CFOT DUMBACHER, ROBERT J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2324 WAVERLY BARN ROAD	NAME	
STREET ADDRESS	DAVENPORT, FL 33897	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ASVP GUVA, PHILIP P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2324 WAVERLY BARN ROAD	NAME	Gura, Philip P.
STREET ADDRESS	DAVENPORT, FL 33897	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ASD DUMBACHER, ROBERT J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2324 WAVERLY BARN ROAD	NAME	
STREET ADDRESS	DAVENPORT, FL 33897	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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 J. Dumbacher RDumbacher 3/1/07 770-431-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #