2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# P05000048089

Entity Name: MARK K CARD P.A.

Current Principal Place of Business:

5930 BROKEN BOW LN.
PORT ORANGE, FL 32127

New Principal Place of Business:

120 LIMEWOOD PLACE #6
ORMOND BEACH, FL 32174

Current Mailing Address:

5930 BROKEN BOW LN.
PORT ORANGE, FL 32127

New Mailing Address:

120 LIMEWOOD PLACE #6
ORMOND BEACH, FL 32174

FEI Number: 20-2628587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARD, MARK
5930 BROKEN BOW LANE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

CARD, MARK
120 LIMEWOOD PLACE #6
ORMOND BEACH, FL 32174 US

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: _____ 03/17/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPVP
Name: CARD, MARK K
Address: 120 LIMWOOD PLACE #6
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST
Name: CARD, JENNIFER
Address: 5930 BROKEN BOW LN.
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER CARD MRS. 03/17/2011
Electronic Signature of Signing Officer or Director — Date