

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90277 043 ***150.00

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1. Entity Name
 SPARKLINGCARDS, INC.

Principal Place of Business
 2804 CONGRESSIONAL WAY
 DEERFIELD BEACH, FL 33442

Mailing Address
 2804 CONGRESSIONAL WAY
 DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04032006 Chg-P CR2E034 (11/05)

4. FEI Number

13-4304457

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATES, ELIZABETH J ESQ
 4411 NORTHWEST TENTH STREET
 POMPANO BEACH, FL 33066

7. Name and Address of New Registered Agent

Name JONES, M. ROSHELLE

Street Address (P.O. Box Number is Not Acceptable)
 2804 Congressional way

City Deerfield Beach FL Zip Code 33442

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 *M. Roshelle Jones, President*
 Signature, typed or printed name of registered agent and title if applicable.

April 10, 2006
 DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST Delete
 NAME JONES, M ROSHELLE
 STREET ADDRESS 2804 CONGRESSIONAL WAY
 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 amendments.

SIGNATURE: *M. Roshelle Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2006
 Date Daytime Phone #