2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P06000080104 04-26-2007 90213 001 ***158.75 CARDIJOYS, INC. Mailing Address Principal Place of Business 3909 E CARACAS STREET PO BOX 311628 TAMPA, FL 33680-03/5 /6 2 g TAMPA, FL 33610-6627 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YORK, DOROTHY C Street Address (P.O. Box Number is Not Acceptable) 3909 E CARACAS STREET TAMPA, FL 33610-6627 City Zip Code FL 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 мау Ве П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D Change ☐ Addition TITLE ☐ Delete TITLE YORK, DOROTHY C NAME STREET ADDRESS 3909 E CARACAS STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336106627 CITY - ST - ZIP P (President) Celete TITLE ☐ Change ☐ Addition TITLE Inez E. Cohen NAME NAME 14905 Cub Run Park Drive STREET ADDRESS STREET ADDRESS Centreville, VA 20120 CITY-ST-ZIP CITY-ST-ZIP V (Vice-President) Delete TITLE ☐ Change ☐ Addition DILE NAME Mildred C. Jones NAME 1153 W. Lancaster Blvd STREET ADDRESS STREET ADDRESS Lancaster, CA 93534 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE T (Treasurer) TITLE NAME NAME Robert C. Dixon STREET ADDRESS STREET ADDRESS 14905 Cub Run Park Drive CITY-ST-7IP CITY-ST-ZIP Centreville, VA 20120 S (Secretary) TITLE ☐ Celete TITLE ☐ Change Addition Donna Wossne NAME NAME 1153 W. Lancaster Blvd STREET ADDRESS STREET ADDRESS Lancaster, CA 93534 CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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.

Dorothy C. York

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