


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000097851**

1. Entity Name  
**CARTRIDGE COLLECTIONS, INC.**



Principal Place of Business  
**2225 HOMEWOOD DRIVE  
 ORLANDO, FL 32809**

Mailing Address  
**2225 HOMEWOOD DRIVE  
 ORLANDO, FL 32809**

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-5422806**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCORMACK, KENNETH R  
 2225 HOMEWOOD DRIVE  
 ORLANDO, FL 32809**

**DO NOT WRITE IN THIS SPACE**

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 *Eugene E. Pieterse* **E. PIETERSE - PRESIDENT** 1/28/08  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | PIETERSE, EUGENE    |
| STREET ADDRESS | 2225 HOMEWOOD DRIVE |
| CITY-ST-ZIP    | ORLANDO, FL 32809   |
| TITLE          | VPD                 |
| NAME           | MCCORMACK, KENNETH  |
| STREET ADDRESS | 2225 HOMEWOOD DRIVE |
| CITY-ST-ZIP    | ORLANDO, FL 32809   |
| TITLE          | SD                  |
| NAME           | PIETERSE, CANDICE   |
| STREET ADDRESS | 2225 HOMEWOOD DRIVE |
| CITY-ST-ZIP    | ORLANDO, FL 32809   |
| TITLE          | TD                  |
| NAME           | MCCORMACK, MARIA    |
| STREET ADDRESS | 2225 HOMEWOOD DRIVE |
| CITY-ST-ZIP    | ORLANDO, FL 32809   |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

**DO NOT WRITE IN THIS SPACE**

U00000941004  
 05/28/08-80089-006 150.00

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: *Eugene E. Pieterse* 1/28/08 407 8446482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #