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401321 SECRETARY OF STATE TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000135056

1. Entity Name
THE RESTAURANT CARD, INC.

Principal Place of Business	Mailing Address
~~8380 COUNTRY WALK DR~~	~~8380 COUNTRY WALK DR~~
~~APT D~~ P.O. BOX 5765	~~APT D~~ P.O. BOX 5765
~~PENSACOLA, FL 32514~~	~~PENSACOLA, FL 32514~~
NAVARRE, FL 32566	NAVARRE, FL 32566

09042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1417 Bahia Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Navarre, FL	City & State
Zip: 32566 Country	Zip Country

4. FEI Number 20-5802799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MADDOX, DONALD P JR
~~8380 COUNTRY WALK DR~~ 1417 Bahia Dr.
~~APT D~~
P~~ENSACOLA, FL 32514~~ NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1417 Bahia Dr.
City NAVARRE FL Zip Code 32566

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MADDOX, DONALD P JR	NAME	
STREET ADDRESS	~~8380 COUNTRY WALK DR APT D~~ P.O. Box 5765	STREET ADDRESS	
CITY-ST-ZIP	~~PENSACOLA, FL 32514~~ NAVARRE, FL 32566	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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.

SIGNATURE: Donald P Maddox Jr 9/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #