

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045697

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** FRESH GIFT CARDS, INC.

**Current Principal Place of Business:**

ONE OLD COUNTRY ROAD STE 500  
CARLE PLACE, NY 11514

**New Principal Place of Business:**

ONE OLD COUNTRY ROAD STE 500  
CARLE PLACE, NY 11514 US

**Current Mailing Address:**

ONE OLD COUNTRY ROAD STE 500  
CARLE PLACE, NY 11514

**New Mailing Address:**

ONE OLD COUNTRY ROAD STE 500  
CARLE PLACE, NY 11514 US

**FEI Number:** 26-2546706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MCCANN, CHRISTOPHER  
**Address:** ONE OLD COUNTRY ROAD STE 500  
**City-St-Zip:** CARLE PLACE, NA 11514 US

**Title:** S  
**Name:** GALLAGHER, GERARD  
**Address:** ONE OLD COUNTRY ROAD STE 500  
**City-St-Zip:** CARLE PLACE, NY 11514 US

**Title:** T  
**Name:** SHEA, WILLIAM  
**Address:** ONE OLD COUNTRY ROAD STE 500  
**City-St-Zip:** CARLE PLACE, NY 11514 US

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:** WILLIAM SHEA

T

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date