2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046982

Entity Name: WILD CARD, INC

FILED Apr 30, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4135 DRMLK JR. BLVD. FORT MYERS, FL 33916 US

Current Mailing Address: New Mailing Address:

4135 DRMLK JR. BLVD. 1814 RHONDA STR.

FORT MYERS, FL 33916 US FORT MYERS, FL 33901 US

FEI Number: 36-4634872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

UNITED STATES CORPORATION AGENTS, INC. UNITED STATES CORPORATION AGENTS, INC.

320 S. FLAMINGO ROAD 320 S. FLAMINGO ROAD

PEMBROKE PINES, FL 33027 US PEMBROKE PINES, FL 33027 US

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: UNITED STATES CORP 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D () Delete Title: () Change () Addition

 Name:
 BARNETT, JOSEPH
 Name:

 Address:
 4135 DRMLK JR. BLVD.
 Address:

 City-St-Zip:
 FORT MYERS, FL 33916 US
 City-St-Zip:

Title: S, T () Delete Title: () Change () Addition

 Name:
 BARNETT, TERI
 Name:

 Address:
 4135 DRMLK JR. BLVD.
 Address:

 City-St-Zip:
 FORT MYERS, FL 33916 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSPH BARNETT P. D 04/30/2009