

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000070775

1. Entity Name
DISCOUNT CARDS LTD. INC.



**FILED
Mar 11, 2005 8:00 am
Secretary of State**

03-11-2005 90312 025 ***150.00

Principal Place of Business
1089 W. MAIN ST.
AVON PARK, FL 33825

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3213568	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACINTYRE, DONALD S
475 SE SNEAD CIR
AVON PARK, FL 33825

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MACINTYRE, DONALD S
STREET ADDRESS 475 SE SNEAD CIRCLE
CITY-ST-ZIP AVON PARK, FL 33825

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE V
NAME MACINTYRE, PEGGY T
STREET ADDRESS 475 SE SNEAD CIRCLE
CITY-ST-ZIP AVON PARK, FL 33825

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE VD
NAME MACINTYRE, EDITH M
STREET ADDRESS 475 SE SNEAD CIRCLE
CITY-ST-ZIP AVON PARK, FL 33825

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05 8634533311

Date

Daytime Phone #