


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90062 022 ***150.00

DOCUMENT # P94000087078	
1. Entity Name EXPRESS CARDS & MAGNETS, INC.	

Principal Place of Business 6043 KIMBERLY BLVD SUITE C NORTH LAUDERDALE FL 33068	Mailing Address 6043 KIMBERLY BLVD SUITE C NORTH LAUDERDALE FL 33068
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2. Principal Place of Business 6043 KIMBERLY BLVD Suite, Apt. #, etc. SUITE D	3. Mailing Address 6043 KIMBERLY BLVD Suite, Apt. #, etc. SUITE D
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1st MOORE CR2E034 (10/05)

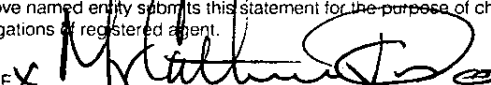
City & State NORTH LAUDERDALE, FL	City & State NORTH LAUDERDALE, FL
Zip 33068	Zip 33068
Country BROWARD	Country BROWARD

4. FEI Number 65-0536749	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OVIEDO, MARY C. 6043 KIMBERLY, BLVD SUITE D N LAUDERDALE FL 33068	
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7. Name and Address of New Registered Agent Name OVIEDO, MARY C Street Address (P.O. Box Number is Not Acceptable) 6043 KIMBERLY BLVD SUITE D City NORTH LAUDERDALE, FL Zip Code 33068	
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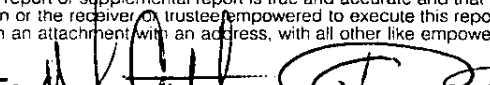
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	MARY CATHERINE OVIEDO 1-24-06 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete OVIEDO, MARY % 6043 KIMBERLY BLVD., SUITE C NORTH LAUDERDALE FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OVIEDO, MARY c/p 6043 KIMBERLY BLVD., SUITE D NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	MARY CATHERINE OVIEDO, PRESIDENT 1-24-06 954-515-7401 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #