



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000014013		
1. Entity Name MBA CARD-IT DISTRIBUTION, INC.		
Principal Place of Business 7006 NW 40TH ST CORAL SPRINGS, FL 33065	Mailing Address 7006 NW 40TH ST CORAL SPRINGS, FL 33065-2207 US	
DO NOT WRITE IN THIS SPACE		
		02102005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0571557
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MCKNIGHT, MICHAEL A 7006NW 40TH ST CORAL SPRINGS, FL 33065		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, MICHAEL A 7006 NW 40TH ST. CORAL SPRING, FL 330652207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, CAROLYN S 7006 NW 40TH ST. CORAL SPRING, FL 330652207	
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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: <i>Carolyn McKnight</i> CAROLYN MCKNIGHT 2/10/05 954-755-4300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		