2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000080973

WORLD CARD TECHNOLOGY MAGAZINE, INC.



Principal Place of Business

330 W. LAKE MARY BLVD.

SUITE 300 LAKE MARY, FL 32746 US

Mailing Address

1899 LAKE MARKHAM PRESERVE TRAIL SANFORD, FL 32771 US

PPACOTIO

FILED Jun 01, 2004 8:00 am

Secretary of State

05-05-2004 90230 030 ***150.00



04302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3340875

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DREIFUS, HENRY Nº

1899 LAKE MARKHAM PRESEVE TRAIL

SANFORD, FL 32771

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	named entity submits this statement for the plions of registered agent.	urpose of changing its registers	d office or n	egistered agent, or both.	in the State of Florida, I am familiar with, and accept
SIGNATURE.	bleus shust			·	4-29-2004
SIGNATORE.	Signature, typed or printed name of requirement agent and title	applicable, (NOTE: Registered	Agent signatura	required when remaining)	DATE
FILE NOWIII FEE 13 \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	242-370-		
TITLE MAME STREET ADDRESS CITY-ST-ZP	PD DREIFUS, HENRY N 1899 LAKE MARKHAM PRESEVE TR SANFORD, FL 32771				
NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANE STREET ADDRESS			DO I	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZP				IN.T	HIS SPACE
NAME STREET ACORESS CATY+ST-ZIP	:				
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12. I hereby certify that the information supplied with this filling 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 cath; 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 of the report of trustee.

STREET ADDRESS CITY-ST-ZIP