

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90042 016 ***150.00

DOCUMENT # P98000046277

1. Entity Name
CREDIT CARDS DIRECT, INC.



Principal Place of Business
**20020 VETERANS BLVD
SUITE 22
PORT CHARLOTTE, FL 33954**

Mailing Address
**20020 VETERANS BLVD
SUITE 22
PORT CHARLOTTE, FL 33954**

2. Principal Place of Business - No P.O. Box #

18151 Murdock Circle

3. Mailing Address

18151 Murdock Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007

Chg-P

CR2E034 (12/06)

City & State

Port Charlotte FL

City & State

Port Charlotte, FL

4. FEI Number

65-0842700

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CUGINI, DANIEL
20020 VETERANS BLVD
SUITE 22
PORT CHARLOTTE, FL 33954**

7. Name and Address of New Registered Agent

Name **CUGINI, DANIEL M**

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

18151 Murdock Circle

City

Port Charlotte

FL

Zip Code

33948

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CUGINI, DANIEL
20020 VETERANS BLVD STE 22
PORT CHARLOTTE, FL 33954**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Cugini, Daniel
18151 Murdock Circle
Port Charlotte, FL 33948**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Daniel M Cugini**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07

Date

941 629-1115
Daytime Phone #