

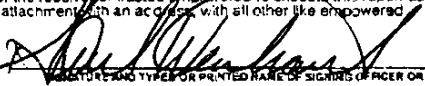
Apr 27 06 04:08p

Curt Keith

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90158 023 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000102481			
1. Entity Name SUPERCARDS, INC.			
Principal Place of Business 7746 W HILLSBOROUGH AVE. TAMPA, FL 33615		Mailing Address 7746 W HILLSBOROUGH AVE. TAMPA, FL 33615	
2. Principal Place of Business 7710 W. Hillsborough Ave		3. Mailing Address 7710 W. Hillsborough Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33615		Zip 33615	
Country		Country	
4. FEI Number 59-3546256		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEITH, W.C. 1722 STAYSAIL DRIVE VALRICO, FL 33594		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
☒ FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	P WEINTRAUB, SAUL 7746 W. HILLSBOROUGH AVE TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINTRAUB, MARY ANN 7746 W. HILLSBOROUGH AVE TAMPA, FL 33615 ☐ 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
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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 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 in an affidavit with all other like empowered.			
SIGNATURE: 		4-27-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Date	

Kept at State
 Mail Monday Cakes

