2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024316

Address:

City-St-Zip:

3001 OLD ORCHARD RD.

FORT LAUDERDALE, FL 33328

Entity Name: CARD SOLUTIONS CORP.

FILED Mar 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7900 NOVA DRIVE SUITE 103 DAVIE, FL 33324 **Current Mailing Address: New Mailing Address:** 7900 NOVA DRIVE SUITE 103 DAVIE, FL 33324 FEI Number: 65-0903629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEECHER, RICHARD M 7900 NOVÁ DRIVE SUITE 103 DAVIE, FL 33324 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BEECHER, RICHARD M Name: Name: 3001 OLD ORCHARD RD. Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33325 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: FOLLOWELL, WILLIAM Name: 13231 PARK BLVD. Address: Address: SEMINOLE, FL 33776 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition FOLLOWELL, MAJEL Name: Name: 13231 PARK BLVD. Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: () Delete Title: () Change () Addition BEECHER, BARBARA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BARBARA BEECHER T 03/09/2004