2006 FOR PROFIT CORPORATION

Feb 09, 2006 8:00 am **Secretary of State ANNUAL REPORT** 02-09-2006 90110 008 ***150.00 DOCUMENT # S43459 ORLANDO SPORTSCARDS SOUTH, INC. Principal Place of Business Mailing Address 9476 SOUTH ORANGE BLOSSOM TRAIL 9476 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837-8350 ORLANDO, FL 32837-8350 CR2E034 (11/05) 01252006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For <u>59-</u>3068273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOYD, KENDALL DO NOT WRITE 9476 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32821 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITI F LOYD, KENDALL NAME 9476 S. ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328378321 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 otderess, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06

Date

Daytime Phone #

FILED