


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # S43687 1. Entity Name CARD-IT ENTERPRISES, INC.	
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Principal Place of Business 7006 NW 40TH ST CORAL SPRINGS, FL 33065	Mailing Address 7006 NW 40TH ST CORAL SPRINGS, FL 33065
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02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKNIGHT, CAROLYN
7006 NW 40TH ST.
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
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 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENTRIM, GLENN D. 7013 NW 40TH ST. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCKNIGHT, MICHAEL 7006 NORTHWEST 40 STREET CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKNIGHT, CAROLYN 7006 NORTHWEST 40 STREET CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENTRIM, JUSITH 7013 NORTHWEST 40 STREET CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/05-80055-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: Carolyn McKnight **CAROLYN MCKNIGHT** 2/10/05 954-755-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #