


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Page 1 of 2


DOCUMENT # S85987
 1. Entity Name
CONSUMER DISCOUNT SERVICES, INC.



Principal Place of Business Mailing Address
7600 NW 61 TERR PARKLAND FL 33067 **7600 NW 61 TERR PARKLAND FL 33067**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

FILED
 06 FEB -9 PM 12:35
 SECRETARY OF STATE

 07/21/05 90028 029158.75
 1st MOORE CR2E034 (10/05)

4. FEI Number **59-2645617** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LYONS, JAMES B.
 3300 UNIVERSITY DRIVE
 SUITE 802
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

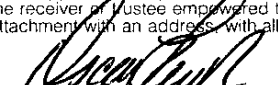
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P LEYVA, OSCAR 7600 NW 61 TERR PARKLAND FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEYVA, ARNETTE A 7600 NW 61 TERR PARKLAND FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600065848528 02/14/06--01049--015 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Oscar Leyva President** **2/6/06** **(954) 752-7202**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

paye w/r

Consumer Discount Services, Inc.
7600 N.W. 61 Terrace
Parkland, Florida 33067
(954)752-8770 Fax: (954)752-7202

February 2, 2006

Tyrone Scott
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reference Number S85987

Dear Mr. Scott;

Please apply my overpayment of 2005 of \$150.00 to my 2006 fee for filing my 2006
FOR PROFIT CORPORATION ANNUAL REPORT.

Thank you for your assistance on this matter and if you have any questions please call me
at your convenience.

Sincerely,



Oscar Leyva
President