2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36473

Entity Name: THE CARTRIDGE EXCHANGE, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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140 ROANN DR. OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

10151 UNIVERSITY BLVD ORLANDO, FL 32817

FEI Number: 59-3134373 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:

KIMBERLY A. WATSON
140 ROANN DR.
OVIEDO, FL 32765 US

WATSON, KIMBERLY A D
140 ROANN DR.
OVIEDO, FL 32765 US

OVIEDO, FL 32765 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: KIMBERLY A WATSON 04/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: WATSON, KIMBERLY A. D. Address: 140 ROANN DR. Title: D (X) Change () Addition Name: WATSON, KIMBERLY A. D. Address: 140 ROANN DR.

City-St-Zip: OVIEDO, FL 32765 Address: 140 ROANN DR.

City-St-Zip: OVIEDO, FL 32765

Title: D () Delete Title: D (X) Change () Addition Name: WHITE, DAVID E Name: WATSON, TIMOTHY A

Name:WHITE, DAVID EName:WATSON, TIMOTHYAddress:396 KANTOR BLVD.Address:140 ROANN DR.City-St-Zip:CASSELBERRY, FL 32707City-St-Zip:OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: KIMBERLY A WATSON D 04/19/2006