

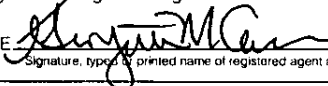
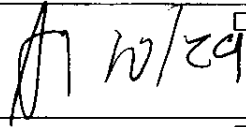
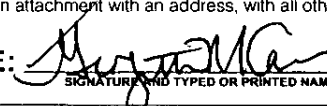


2007 FOR PROFIT CORPORATION - AMENDED ANNUAL REPORT

DOCUMENT # P02000126758 1. Entity Name MY SCRAPBOOK SHOPPE, INC.						FILED 07 OCT 26 AM 9:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2150 TAMiami TR, UNIT 9 PORT CHARLOTTE, FL 33948				Mailing Address 2150 TAMiami TR, UNIT 9 PORT CHARLOTTE, FL 33948			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 03-0495463				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 STEVENS, GERALD W 5063 GREENWAY DRIVE NORTH PORT, FL 34287				7. Name and Address of New Registered Agent Name GEORGETTE M. CARROLL Street Address (P.O. Box Number is Not Acceptable) 3309 SAGEBLOOM TERRACE City NORTH PORT FL Zip Code 34286			
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  GEORGETTE M. CARROLL / 10-24-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, GERALD W 5063 GREENWAY DR NORTH PORT, FL 34287 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900112080319 11/07/07--01040--012 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CARROLL, GEORGETTE M 1872 JAMIESON RD HAVANA, FL 32333 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3309 SAGEBLOOM TERRACE NORTH PORT, FL 34286		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEVENS, DONNA M 5063 GREENWAY DRIVE NORTH PORT, FL 34287 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, JILLIAN B 5063 GREENWAY DR. NORTH PORT, FL 34287 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete			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"/> Delete			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 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 address, with all other like empowered.							
SIGNATURE:  GEORGETTE M. CARROLL 10-24-07 941-627-6444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							