2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# P03000144688

Entity Name: MOVING TREASURES FRANCHISING, INC.

Current Principal Place of Business:

401 ORANGE STREET
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

PO BOX 1386
PALM HARBOR, FL 34682

New Mailing Address:

401 ORANGE STREET
PALM HARBOR, FL 34683

FEI Number: 20-0508887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, MICHAEL A
401 ORANGE STREET
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

BINZEL, TAB C
401 ORANGE STREET
PALM HARBOR, FL 34683 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: TAB C. BINZEL 05/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: BOYD, MICHAEL A
Address: 401 ORANGE ST.
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BINZEL, TAB C
Address: 401 ORANGE ST.
City-St-Zip: PALM HARBOR, FL 34683

Title: VP ( ) Change (X) Addition
Name: CASSIDY, GERALD
Address: 401 ORANGE STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: VP ( ) Change (X) Addition
Name: CLITHEROE, JAY
Address: 401 ORANGE STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Change (X) Addition
Name: SMITH, CHRIS
Address: 401 ORANGE STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Change (X) Addition
Name: BOYD, MICHAEL A
Address: 401 ORANGE STREET
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify 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: TAB C. BINZEL P 05/13/2008
Electronic Signature of Signing Officer or Director Date