2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 OCT 31 PM 5:26

DOCUMENT # P04000135636

1. Entity Name
THE PINK FLAMINGO PAPERWORKS & SCRAPBOOK CO. INC.

Principal Place of Business	Mailing Address
~~6020 NW 4TH PLACE SUITE~~ D ~~GAINESVILLE, FL 32607~~ 6777 W. Newberry Rd Gainesville FL 32605	~~6020 NW 4TH PLACE SUITE~~ D ~~GAINESVILLE, FL 32607~~ 6777 W. Newberry Rd Gainesville FL 32605

08302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6777 W Newberry Rd	~~as above~~ 6777 W Newberry Rd
Suite, Apt. #, etc.: G&H	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State: Gainesville FL
Zip: 32605 Country: USA	Zip: 32605 Country: USA

4. FEI Number: 20-1684312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUTCH, SAMUEL A P.A. 2114 NW 40TH TERRACE SUITE A-1 GAINESVILLE, FL 32605	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☑ Delete	TITLE	P President ☐ Change ☑ Addition
NAME	MCCALLISTER, MELISSA	NAME	Donia Kirchman
STREET ADDRESS	6020 NW 4TH PLACE SUITE D	STREET ADDRESS	6777 W. Newberry Rd.
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	Gainesville FL 32605
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCALLISTER, MARK	NAME	300081374883
STREET ADDRESS	6020 NW 4TH PLACE SUITE D	STREET ADDRESS	10/31/06--01038--009 **61.25
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Donia Kirchman Donia Kirchman 10-27-06 352-332-7465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #