2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000608

517 W KNEPP AVE

FULLERTON, CA 92832

Address:

City-St-Zip:

FILED Jul 06, 2005 Secretary of State

Entity Name: WE REMEMBER, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 10126 BROOKSVILLE, FL 346030126 **Current Mailing Address: New Mailing Address:** PO BOX 10126 BROOKSVILLE, FL 346030126 FEI Number: 52-2019876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALDRON, VERNON E 10541 NODDY TERN RD BROOKSVILLE, FL 346135319 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALDRON, VERNON E Name: Name: Address: 10451 NODDY TERN RD Address: City-St-Zip: BROOKSVILLE, FL 346135319 City-St-Zip: Title: () Delete Title: () Change () Addition WALDRON, CHRISTINE Name: Name: Address: 10451 NODDY TERN RD Address: City-St-Zip: BROOKSVILLE, FL 346135319 City-St-Zip: Title: () Delete Title: (X) Change () Addition CLARK, RHONDA Name: CLARK, RHONDA Name: 68 NORTHSIP RD 68 NORTHSIP RD Address: Address: City-St-Zip: BALTIMORE, MD 21222 City-St-Zip: BALTIMORE, MD 21222 Title: () Delete Title: (X) Change () Addition HOLT, KRISTEN Name: Name: MALPICA, DENISE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VERNON E. WALDRON P 07/06/2005

2905 RAMADA DR. APT. 286

TAMPA, FL 33613