2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 21, 2007 08:00 A Secretary of State DOCUMENT # N03000002842 1. Entity Namo YOUR WEDDING SOURCE, INC. Principal Place of Business Mailing Address 2749 SIESTA DRIVE 2749 SIESTA DRIVE SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HICKS, BOBBI Street Address (P.O. Box Number is Not Accoptable) 6058 GULFSTREAM AVENUE SARASOTA FL 34236 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete IIIŒ Change ■ Addition NAMI. HICKS, BOBBI STREET ADDRESS STREET ADDRESS 6058 SO. GULFSTREAM U00000764990 CITY-ST-7IP 05/31/07-<u>80020-019 61.25</u> SARASOTA FL 34236 CITY-ST-7/P TITLE Delete TITLE Change · Change NAME ENGLAND, EVELYN L NAME STREET ADDRESS 2749 SIESTA DRIVE STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete ☐ Change Addition **HITLE** TITLE NAME NAME CREIGHTON, BECKI STREET ADDRESS STREET ADDRESS 6627 MIDNIGHT PASS RD CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34242 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TREA NAME NAME BLANCO, JENNIFER STREET ADDRESS STREET ADDRESS 1816 COQUINA DRIVE CITY-S1-ZIP CITY-SI-ZIP SARASOTA FL 34231 TITLE ☐ Delete ШЕ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE □ Change Addition 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 Section 119, Florida Statutos. 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 legat effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Teleler Manne

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