


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000009796 1. Entity Name PORTRAITS OF MEMORIES, INC.	
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Principal Place of Business 7810 SYCAMORE DRIVE NEW PORT RICHEY, FL 34654	Mailing Address 7810 SYCAMORE DRIVE NEW PORT RICHEY, FL 34654
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3635385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FASCHAN, ARTHUR 7810 SYCAMORE DRIVE NEW PORT RICHEY, FL 34654
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000184212 01/20/05-80021-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FASCHAN, ARTHUR 7810 SYCAMORE DR NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FASCHAN, GAIL 7810 SYCAMORE DR NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Art Faschan **1-13-05 727-846-0196**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #