

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

RECEIVED MAY 05 2005

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05 MAY -2 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000039476 1. Entity Name MADE FOR MEMORIES, INC.					
Principal Place of Business 2430 STICKNEY POINT ROAD SARASOTA, FL 34231			Mailing Address 2430 STICKNEY POINT ROAD SARASOTA, FL 34231		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1010856	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRANK, ADRIENNE N 4411 WINNERS CIRCLE #1221 SARASOTA, FL 34241				7. Name and Address of New Registered Agent Name Adrienne N. Frank Street Address (P.O. Box Number is Not Acceptable) 5420 Eagles Point Circle #104 City Sarasota FL Zip Code 34231	
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) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONAL PERSONS TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, ADRIENNE N 4918 HUBNER CIRCLE SARASOTA, FL 34241	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP Adrienne N. Frank 5420 Eagles Pt. Circle #104 Sarasota, FL 34231		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT Jennifer L Frank 5420 Eagles Pt. Circle #104 Sarasota, FL 34231		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054232098 05/10/05--01094--002 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/21/05 941-923-7594 Date Daytime Phone #		