


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90142 014 ***150.00

DOCUMENT # P02000126758		
1. Entity Name MY SCRAPBOOK SHOPPE, INC.		

Principal Place of Business 2150 TAMiami TR, UNIT 9 PORT CHARLOTTE, FL 33948	Mailing Address 2150 TAMiami TR, UNIT 9 PORT CHARLOTTE, FL 33948
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40044110



01242006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0495463		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEVENS, GERALD W 5063 GREENWAY DRIVE NORTH PORT, FL 34287		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	STEVENS, GERALD W	NAME	
STREET ADDRESS	5063 GREENWAY DR	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34287	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	CARROLL, GEORGETTE M	NAME	
STREET ADDRESS	1872 JAMIESON RD	STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FL 32333	CITY-ST-ZIP	
TITLE	VSTD	TITLE	
NAME	STEVENS, DONNA M	NAME	
STREET ADDRESS	5063 GREENWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34287	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	STEVENS, JILLIAN B	NAME	
STREET ADDRESS	5063 GREENWAY DR.	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34287	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 another like empowered.

SIGNATURE: G. Stevens, MGR. **3/8/06** **(941)627-6444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #