

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 09, 2004 8:00 am
Secretary of State**

03-09-2004 90012 018 ***150.00

DOCUMENT # P03000082061		
1. Entity Name A-EZ SCRAPBOOK PLUS, INC.		

Principal Place of Business
P.O. BOX 1197 476 US 41 By Pass N. Mailing Address
VENICE, FL 34284 US P.O. BOX 1197 476 US 41 By Pass N.
34285 VENICE, FL 34284 US
34285

34016367

2. Principal Place of Business
476 US 41 By-Pass North 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Venice FL

City & State

Zip 34292 Country Sarasota

Zip

Country

4. FEI Number
02-0701508

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES Delete
NAME STEICH, DEBORAH L
STREET ADDRESS P.O. BOX 1197 476 US 41 By Pass North
CITY-ST-ZIP VENICE, FL 34284-34285

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Deborah L. Steich* Deborah L. Steich

3/3/04 Date

941-484-5710 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR