2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # P030000 1. Entity Name ALBUMS INC.	084535	
Principal Place of Business 222-B OAKRIDGE BLVD DAYTONA BEACH, FL 32118 US	Mailing Address 222-B OAKRIDGE BLVD DAYTONA BEACH, FL 32118	US
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No Chg-P CR2E034 (11/05) 03152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1458443 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAVUREK, ROSEANN M DO NOT WRITE 222 B OAKRIDGE BLVD DAYTONA BEACH, FL 32118 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. P. T TITLE JAVUREK, ROSEANN M NAME STREET ADDRESS 222-B OAKRIDGE BLVD CITY-ST-ZIP DAYTONA BEACH, FL 32118 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-SI-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 furue and acceptate 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 empoyees it accounts 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 principles empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Phone &