2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000143095

CITY-ST-ZIP

FORGET ME NOT BIBLE BOOKSTORE, INC.



May 25, 2007 8:00 am Secretary of State

05-25-2007 90028 021 ***158.75

	05212007 Chg-P CR2E034 (1	2/06)
	4. FEI Number	Applied For
	20-0356767	Not Applicable
	5. Certificate of Status Desired \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		

Principal Place of Business Mailing Address UUUULUIL 2844 CURRYFORD ROAD P.O. BOX 781121-UNIT 4 ORLANDO, FL 32878 -ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2844 CURRY FORD Road Suite, Apt. #, etc. Suite, Apt. #, etc. Unit 4 City & State City & State Orlando Horida Zip Country Zip Country 32806 orange 6. Name and Address of Current Registered Agent JOHNSON, SYLVIA Street Address (P.O. Box Number is Not Acceptable) 1400 ROYAL ST. GEORGE ORLANDO, FL 32828 Zip Code City FI 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, TITLE ☐ Delete Change Addition JOHNSON, SYLVIA Y NAME NAME P.O. BOX 781121 28-14 Curniford Road STREET ADDRESS STREET ADDRESS unit 4 ORLANDO, FL 32878- 32806 CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

CITY-ST-ZIP

SIGNATURE