

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027253

**FILED**  
**Mar 18, 2005**  
**Secretary of State**

**Entity Name:** MEMORIES TO TREASURE VIDEO PRODUCTION, INC.

**Current Principal Place of Business:**

800 HATTERAS AVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

800 HATTERAS AVE  
MINNEOLA, FL 34715

**Current Mailing Address:**

800 HATTERAS AVE  
CLERMONT, FL 34711

**New Mailing Address:**

800 HATTERAS AVE  
MINNEOLA, FL 34715

**FEI Number:** 20-0716623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLI, JOHN  
800 HATTERAS AVE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

ALLI, JOHN  
800 HATTERAS AVE  
MINNEOLA, FL 34715 US

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.

SIGNATURE: JOHN ALLI

03/18/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALLI, JOHN  
Address: 800 HATTERAS AVE  
City-St-Zip: CLERMONT, FL 34711

Title: ST ( ) Delete  
Name: ALLI, SUBRENA  
Address: 800 HATTERAS AVE  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ALLI, JOHN  
Address: 800 HATTERAS AVE  
City-St-Zip: MINNEOLA, FL 34715

Title: ST (X) Change ( ) Addition  
Name: ALLI, SUBRENA  
Address: 800 HATTERAS AVE  
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ALLI

PD

03/18/2005

Electronic Signature of Signing Officer or Director

Date