2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112660

Entity Name: FAMILY MEMORIES, INC.

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

13211 GLACIER NATIONAL DR APT 5507 ORLANDO, FL 32837

705 INTERLUDE LANE ORLANDO, FL 32824

Current Mailing Address:

New Mailing Address:

13211 GLACIER NATIONAL DR APT 5507

705 INTERLUDE LANE ORLANDO, FL 32824

ORLANDO, FL 32837

FEI Number: 20-1512457

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEON, ANGEL R

13211 GLACIER NATIONAL DR APT 5507

705 INTERLUDE LANE

LEON, ANGEL R

ORLANDO, FL 32837 US

US ORLANDO, FL 32824

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.

Title:

SIGNATURE: ANGEL R. LEON

02/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete

LEON, ANGEL R Name:

(X) Change () Addition LEON, ANGEL R Name:

13211 GLACIER NATIONAL DR APT 5507 Address:

Address: 705 INTERLUDE LANE City-St-Zip: ORLANDO, FL 32824

City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Ρ SIGNATURE: ANGEL R. LEON 02/01/2007