

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90433 012 ***150.00

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DOCUMENT # P05000037082 1. Entity Name SCRAP YOUR MEMORIES INC.					
Principal Place of Business 7031 GRAND NATIONAL DRIVE SUITE 109 ORLANDO, FL 32819 US			Mailing Address 7031 GRAND NATIONAL DRIVE SUITE 109 ORLANDO, FL 32819 US		
2. Principal Place of Business Suite, Apt. #, etc. 7091 Grand National Drive Suite 102 City & State Orlando, FL Zip 32819		3. Mailing Address Suite, Apt. #, etc. 7091 Grand National Drive Suite 102 City & State Orlando, FL Zip 32819		04262006 Chg-P CR2E034 (11/05)	
Country USA		Country USA		4. FEI Number 20-2479633 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SWATEK, JULIE 7031 GRAND NATIONAL DRIVE SUITE 109 ORLANDO, FL 32819	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7091 Grand National Drive Suite 102 City Orlando FL Zip Code 32819				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: <u><i>Julie Swatek</i></u> 4/27/06 <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete NAME SWATEK, JULIE STREET ADDRESS 7031 GRAND NATIONAL DRIVE, SUITE 109 CITY - ST - ZIP ORLANDO, FL 32819				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Swatek, Julie STREET ADDRESS 7091 Grand National Drive, Suite 102 CITY - ST - ZIP Orlando, FL 32819	
TITLE P <input type="checkbox"/> Delete NAME SWATEK, JULIE STREET ADDRESS 7031 GRAND NATIONAL DRIVE, SUITE 109 CITY - ST - ZIP ORLANDO, FL 32819				TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Swatek, Anthony STREET ADDRESS 7091 Grand National Drive, Suite 102 CITY - ST - ZIP Orlando, FL 32819	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
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.					
SIGNATURE: <u><i>Julie S. Swatek</i></u> Julie E. Swatek 4/27/06 407-351-1501 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					