

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063642

Entity Name: HEROES MEMORABILIA, INC.

FILED  
Mar 05, 2008  
Secretary of State

## Current Principal Place of Business:

% LAVIGNE, COTON & ASSOCIATES, P.A.  
7087 GRAND NATIONAL DR - STE 100  
ORLANDO, FL 32819

## New Principal Place of Business:

FESTIVAL BAY MALL, 5250 INTERNATIONAL DRIV  
SUITE 620  
ORLANDO, FL 32819

## Current Mailing Address:

% LAVIGNE, COTON & ASSOCIATES, P.A.  
7087 GRAND NATIONAL DR - STE 100  
ORLANDO, FL 32819

## New Mailing Address:

FESTIVAL BAY MALL, 5250 INTERNATIONAL DRIV  
SUITE 620  
ORLANDO, FL 32819

FEI Number: 26-0401607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAVIGNE, JAMES R ESQ  
% LAVIGNE, COTON & ASSOCIATES, P.A.  
7087 GRAND NATIONAL DR - STE 100  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LIFF, GARRY L ESQ  
516 SEASIDE COVE ST  
WINTER GARDEN  
ORLANDO, FL 34787 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: GARRY LIFF

03/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LIFF, GARRY  
Address: 81 PRIORY RD  
City-St-Zip: GOSPORT,HANTS PO12 4LF UK, XX

Title: D ( ) Delete  
Name: LIFF, PATRICIA  
Address: 81 PRIORY RD  
City-St-Zip: GOSPORT,HANTS PO12 4LF UK, XX

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LIFF, GARRY  
Address: 516 SEASIDE COVE ST  
City-St-Zip: ORLANDO, FL 34787 US

Title: D (X) Change ( ) Addition  
Name: LIFF, PATRICIA  
Address: 516 SEASIDE COVE STREET  
City-St-Zip: ORLANDO, FL 34787 US

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

SIGNATURE: GARRY LIFF

MR

03/05/2008

Electronic Signature of Signing Officer or Director

Date