

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000061552

FILED
Feb 16, 2007
Secretary of State

Entity Name: MAGICAL MEMORIES MANAGEMENT, INC.

Current Principal Place of Business:

5075 W INLO BRONSON HWY
KISSIMMEE, FL 34746 US

New Principal Place of Business:

5075 W IRLO BRONSON HWY
KISSIMMEE, FL 34746 US

Current Mailing Address:

PO BOX 2473
KISSIMMEE, FL 347422473 US

New Mailing Address:

5075 WEST IRLO BRONSON HWY
KISSIMMEE, FL 34746 US

FEI Number: 59-3330492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, JEANNE A
3250 S INDIANA AVE
ST CLOUD, FL 34769 US

Name and Address of New Registered Agent:

KLINE, JEANNE A
5075 WEST IRLO BRONSON HWY
KISSIMMEE, FL 34746 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: _____

Electronic Signature of Registered Agent

02/16/2007

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLINE, JEANNE A
Address: 3250 S INDIANA AVE
City-St-Zip: ST CLOUD, FL 34769

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KLINE, JEANNE A
Address: 5075 WEST IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Change (X) Addition
Name: KLINE, DANIEL J
Address: 5075 WEST IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34746

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.

SIGNATURE: JEANNE KLINE

D

02/16/2007

Electronic Signature of Signing Officer or Director

Date