2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 08:00 AM Secretary of State

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DOCUMENT # P95000076533						Secretary of State			
1. Entity Name CHERISHED MOMENTS, INC.									
CHERISH	RED MOMENTS, I	NC.		-					
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ì	e of Business	Y	ailing Address	ימי	}				
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		(基)		7 -	<u>i</u> .	59-335			Not Applicable
					-	5. Cenificate	of Status Desired	\$8.75 A	
	6. Name and Addres	s of Current Reals	tered Agent	_	··· <u>·</u>			FOO NOQU	190
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				}	2.	-	₹.		
	named entity submits thi	s statement for the p	ourpose of changing	its registered o	office or register	ed agent, or bo	th, in the State of Flo	orida. Í am familiar wi	h. and accept
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SIGNATURE.	Signature, typed or printed name	of registered agent and title	K applicable (NOTE: Registered Ac	pent signature required	when reinstating)	<u>-</u>	DATE	 .
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10.		FICERS AND DIREC	CTORS	1 1					
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NAME	JONES, G. THERES			· ·-	•		-		
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NAME	JONES, GARY L				<u> </u>	,	-	•	
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12. I hereby	certify that the information	supplied with this i	iling does not quali	ly for the examp	ptions contained	in Chapter 11	9, Florida Statutes. I	further certify that th	a Information
indicated of the co	i on this report or supplem reporation or the receiver of	nental report is true ir trustee empowere	and accurate and the difference of the second of the secon	nat my signature port as required	e snail have the : I by Chapter 607	same tegal efte r. Plorida Statut	ct as it made under es; and that my nam	oath; that I am an offi e appears in Block 10	per or director Far Block 11 if
changed	t, or on an attachment with	n an address, with e	II other like empowe	red.			_		شرستر وی از در
SIGNAT	rure: 📈 Ć	Meredas	younes				- 23-06	<i>407-6</i> 5	<u>ర్ర చస్స్</u>
}	SIGNATURE	AND TYPED OR PRINTE	NAME OF SIGNING OFF	ICER OR DIRECTOR			Date	Daytime Phone	

THEDESA JONES