2005 FOR PROFIT CORPORATION

FILED Jul 20, 2005 08:00 AM Secretary of State

AN	MA	AL REPURI	<u>-</u>	
DOCUMENT # P98 1. Entity Name SCRAPBOOK SHAK, INC.	000	083218	•	
Principal Place of Business		Mailing Address		
451 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701	US	7913 COURTLEIGH DR. ORLANDO, FL 32835	US	
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	e of Business MONTE DRIVE SPRINGS, FL 32701	US	Mailing Address 7913 COURTLEIGH DR. ORLANDO, FL 32835 US			w kwine ewith hould wolle wwith	. Geral i drigg i 1556 figal hikar kalibal si (gai
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1			07102005	No Chg-P	CR2E034 (10/03)		
DO NOT WRITE IN THIS SPA		CE	4. FEI Numb		Applied For Not Applicable		
						of Status Desired	\$8.75 Additional Fee Regulred
	6. Name and Addre	ss of Current Re	gistered Agent		ो । १३ अस १ ५	The state of the s	
	NGA O RTLEIGH DR. D, FL 32835		The The Third Th			NOT W THIS SP	,
	named entity submits the ions of registered agent.		·	ed office or registe		U 00 000	rida. I am familiar with, and accept 1373824 -80007-020 150.00 DATE
	LE NOW!!! FEE IS ue by September	•	9. Election Campaign Final Trust Fund Contribution.		.00 May Be ded to Fees	in accordance w corporation did r	rith s. 607.193(2)(b), F.S., the not receive the prior notice.
10.		FFICERS AND DI	RECTORS		. Traff all the second sections		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOBBIN, INGA 7913 COURTLEIGH ORLANDO, FL 328						<u> </u>
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	SH BOBBIN, JEFFREY 7913 COURTLEIGH ORLANDO, FL 328		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				= 1 1	DO	NOT W	RITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	·			<u> ' </u>		
12. I hereby of indicated	certify that the information on this report or supplex	n supplied with it	is filing does not qualify for the exe ue and accurate and that my signs	emption stated in S ture shall have the	ection 119.07(3) same legal effe	(i), Florida Statutes. I ct as if made under o	further certify that the information ath, 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 AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _