


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P99000013378 |  |
| 1. Entity Name DASHBOARD MEMORIES, INC. | |

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| Principal Place of Business 7276 HUNT CLUB LANE SEMINOLE, FL 33776 | Mailing Address 5401 CENTRAL AVENUE ST. PETERSBURG, FL 33710 |
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02012006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3559892 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MCATEE, CAROL 5401 CENTRAL AVE SAINT PETERSBURG, FL 33710 |
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCLAUGHLIN, CELIA 7276 HUNT CLUB LANE SEMINOLE, FL 33776 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCLAUGHLIN, RONALD R 7276 HUNT CLUB LANE SEMINOLE, FL 33776 |
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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: *Ronald R. McLaughlin* **3/9/06** **727-320-0981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #