


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 APR -7 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065059 1. Entity Name THE SCRAPBOOK HEADQUARTERS, INC.					
Principal Place of Business 493 N ALAFAYA TRAIL ORLANDO, FL 32828			Mailing Address 12200 CHERRYWOOD STREET BROOMFIELD, CO 80020 79		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3317 Heathgate Ct. Suite, Apt. #, etc.			
City & State Zip		City & State Orlando FL Zip 32812		Country USA	
4. FEI Number 59-3588585				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DETTMERING, TIMOTHY A 13405 BRISTLECONE CIRCLE ORLANDO, FL 32828			7. Name and Address of New Registered Agent Name Patti A. Culverhouse Street Address (P.O. Box Number is Not Acceptable) 3317 Heathgate Ct. City Orlando FL Zip Code 32812		
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 <i>Patti A. Culverhouse</i> 3/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DETTMERING, MELISSA D 12200 CHERRYWOOD STREET BROOMFIELD, CO 80020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.P.S.T Patti A. Culverhouse 3317 Heathgate Ct. Orlando FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DETTMERING, TIMOTHY 12200 CHERRYWOOD STREET BROOMFIELD, CO 80020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600031837996 04/05/04--01055--024 **\$61.25	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Patti A. Culverhouse</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/9/04 407 281-1533 <small>Date Daytime Phone #</small>		

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