

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110941

Entity Name: THEMEMAKERS, INC.

FILED
Jan 24, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 547902
ORLANDO, FL 32854

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547902
ORLANDO, FL 32854

New Mailing Address:

FEI Number: 59-3628553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADLEY, SHARON
4545 JAMES RD.
COCOA, FL 32927 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HADLEY, SHARON
Address: P.O. BOX 547902
City-St-Zip: ORLANDO, FL 32854

Title: VP () Delete
Name: HILLPOT, TRAVIS W
Address: P.O. BOX 547902
City-St-Zip: ORLANDO, FL 32854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HADLEY, SHARON
Address: P.O. BOX 547902
City-St-Zip: ORLANDO, FL 32854

Title: CFO (X) Change () Addition
Name: HILLPOT, TRAVIS W
Address: P.O. BOX 547902
City-St-Zip: ORLANDO, FL 32854

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRAVIS HILLPOT

CEO

01/24/2005

Electronic Signature of Signing Officer or Director

Date