



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 138139		2. Name of Corporation MidAmerica Gift Certificate Company		
3. Street Address Principal Business Office 401 W. Main Street		City Louisville	State KY	Zip 40202
4. Business Phone No. (502) 562-5475		5. State of Incorporation Colorado		6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island Sale of gift certificates through authorized agents.				

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DONALD R. LaMAR		Vice President Name NONE			
Street Address 401 W. MAIN STREET		Street Address			
City LOUISVILLE	State KY	Zip 40202	City	State	Zip
Secretary Name FRANCES B. JONES		Treasurer Name JAY COCHRANE			
Street Address 401 W. MAIN STREET		Street Address 150 S. STRATFORD ROAD			
City LOUISVILLE	State KY	Zip 40202	City WINSTON-SALEM	State NC	Zip 27104-4215

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DONALD R. LaMAR		Director Name KENNETH L. MILLER, JR.			
Street Address 401 W. MAIN STREET		Street Address 200 W. 2ND STREET			
City LOUISVILLE	State KY	Zip 40202	City WINSTON-SALEM	State NC	Zip 27101-4019
Director Name RICHARD L. KEEVER, JR.		Director Name NONE			
Street Address 13000 DEERFIELD PKWY., STE. 350		Street Address			
City ALPHARETTA	State GA	Zip 30004-6119	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR VALUE	100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 2-7-05
Check No. 31618061
By MB
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FRANCES B. JONES 2/2/05
Signature of Officer Date
FRANCES B. JONES
Print or Type Name of Officer
SECRETARY
Title of Officer