


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N24866
1. Entity Name
TUTTEROW STARS OF TOMORROW, INC.



Principal Place of Business 452 5TH AVE SE LARGO FL 33771 US	Mailing Address PO BOX 650 LARGO F 33779 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2871199** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KENNEDY, DEBBIE
452 5TH AVE SE
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FREITAS, ALICIA	
STREET ADDRESS	200 OAKWOOD DRIVE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIMES, KIM	
STREET ADDRESS	2401 13TH AVE SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOSTER, DONNA	
STREET ADDRESS	738 NATALIE LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	T	<input type="checkbox"/> Delete
NAME	COULTAS, KAREN	
STREET ADDRESS	3690 AVOCADO DRIVE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, DEBBIE	
STREET ADDRESS	452 5TH AVE SE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORZEWSKI, MANDY	
STREET ADDRESS	9023 ST ANDREWS DR	
CITY-ST-ZIP	LARGO FL 33777	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000425106 Change Addition
02/18/06-80080-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Karen Coultas Treasurer **2-5-06** **127-433-3801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #