


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90003 039 ****61.25

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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02212008 Chg-NP CR2E037 (12/06)

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

4. FEI Number
59-2871199

Applied For
 Not Applicable

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

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 reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	WEISICKLE, LISA	
STREET ADDRESS	1344 STRATFORD STREET NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FALONE, ROBIN	
STREET ADDRESS	10934 117TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33778	
TITLE	S	<input checked="" 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	MORRIS, GEORGE	
STREET ADDRESS	9046 130TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
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	BEAMER, MANDY	
STREET ADDRESS	6501 CEDARBROOK DRIVE	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	

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	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Gelderloos	
STREET ADDRESS	712 Knollwood Drive	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, Ginny	
STREET ADDRESS		First name incorrect
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		

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 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: Ginny Morris / Ginny Morris 2/21/08 727-743-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Treasurer 8658