


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000023477
 1. Entity Name
 TACK ME UP TOO, INC.



Principal Place of Business
 5881 PEMBROKE ROAD
 HOLLYWOOD, FL 33023

Mailing Address
 PO BOX 551701
 FT. LAUDERDALE, FL 33355

DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
 11-3683308

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CARPANI, KERENSA
 1844 NW 109TH AVE
 PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

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: Kerensa Carpani (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARPANI, KERENSA 1844 NW 109TH AVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOLLANDER, KATRINA 5881 PEMBROKE ROAD HOLLYWOOD, FL 33023
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100000377686
 09/07/05-80004-013 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kerensa Carpani 8/19/05 954-87-5404
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #