


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000111365
 1. Entity Name
 TIGHT FIT TRIM, INC.



Principal Place of Business Mailing Address
 511 CROSS ROAD 511 CROSS RD.
 COCOA, FL 32926 US COCOA, FL 32926 US

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

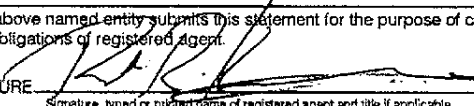
4. FEI Number 56-2402847	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 KUNSMEN, ROBERT R
 511 CORSS RD.
 COCOA, FL 32926

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:  4-21-06 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 KUNSMAN, ROBERT R 511 CROSS ROAD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUNSMAN, CINDY 511 CROSS RD. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUNSMAN, ROBERT R 511 CROSS RD. COCOA, FL 32926
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 05/09/06-80073-001 150.00

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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 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:  4-21-06 321-693-9664 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR