FILED
Jun 16, 2006 8:00 am
Secretary of State
05-03-2006 90224 046 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000011048

1. Entity Name
TIGER TOOTH HOLDINGS, INC.

66019100

Principal Place of Business	Mailing Address
5609 NW 84TH TERR TAMARAC, FL 33351	5609 NW 84TH TERR TAMARAC, FL 33351

2. Principal Place of Business	3. Mailing Address
8301 W.McNab Rd	Same As #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, Fl	City & State
Zip: 33321 / Country	Zip / Country

03092006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2249117 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELMS, CHRISTOPHER J
5609 NW 84TH TERR
TAMARAC, FL 33351

7. Name and Address of New Registered Agent

Name: NELMS, CHRISTOPHER J
Street Address (P.O. Box Number is Not Acceptable): 901 S.E. 7th Ct.
City: Deerfield Beach FL Zip Code: 334

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)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELMS, CHRISTOPHER J 5609 NW 84TH TERR TAMARAC, FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELMS, CHRISTOPHER 901 S.E. 7th Ct. DEERFIELD BCH, FL 33441 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Christopher Nelms 4-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #