

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082959

FILED
Mar 29, 2007
Secretary of State

Entity Name: TIPZIES, INC.

Current Principal Place of Business:

13564 FALCON POINTE DR
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

13564 FALCON POINTE DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-5054181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETTE, BARBARA
13564 FALCON POINTE DR
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNETTE, BARBARA
Address: 13564 FALCON POINTE DR
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: MARTI, GISELA
Address: 3397 SOUTH KIRKMAN ROAD, APT 1428
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: LANGE, CLARKE
Address: 8625 CRESTGATE CIRCLE
City-St-Zip: ORLANDO, FL 32819 S

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARNETTE, JOHN
Address: 13564 FALCON POINTE DR
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change () Addition
Name: MARTI, GISELA
Address: 13957 OSPREY LINKS ROAD, APT 98
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change () Addition
Name: BARNETTE, BARBARA
Address: 13564 FLACON POINTE DR
City-St-Zip: ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BARNETTE

P

03/29/2007

Electronic Signature of Signing Officer or Director

_____ Date