

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023466

FILED
Jan 27, 2009
Secretary of State

Entity Name: TUESDAY THURSDAY, INC

Current Principal Place of Business:

1110 S W BLUE STEM WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

1110 S W BLUE STEM WAY
STUART, FL 34997

New Mailing Address:

FEI Number: 20-8485609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TIM, GARRETTSON
1110 S W BLUE STEM WAY
STUART, FL 34997 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: BRAUN, ROBERT L
Address: 3930 OAKS CLUBHOUSE DR 504
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP () Delete
Name: TIM, GARRETTSON
Address: 1110 S W BLUE STEM WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARRETTSON, JOANMARIE E
Address: 1110 S W BLUE STEM WAY
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIM GARRETTSON

VP

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date