

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041557

**FILED**  
**Feb 21, 2007**  
**Secretary of State**

**Entity Name:** BEDTYME STORIES OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

10568 GANDY BOULEVARD  
SAINT PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

3572 OLD MILTON PKWY  
ALPHARETTA, GA 30005 US

**New Mailing Address:**

6170 WHIRLAWAY DR  
CUMMING, GA 30040 US

**FEI Number:** 59-3579079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURTON, DAVID  
2111 DREW ST  
CLEARWATER, FL 33765 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: EATON, DONNA L  
Address: 6170 WHIRLAWAY DRIVE  
City-St-Zip: CUMMING, GA 30040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: EATON, DONNA L  
Address: 8745 FOREST WILLOW TRAIL  
City-St-Zip: RENO, NV 89523

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: DONNA L EATON

P

02/21/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date