2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 07, 2006 08:00 AN **DOCUMENT #384400 Secretary of State** 1. Entity Name TIBBITTS, INC. Principal Place of Business Mailing Address 6400 UNIVERSITY BLVD 6400 UNIVERSITY BLVD WINTER PARK, FL 32792 WINTER PARK, FL 32792 CR2E034 (11/05) 07052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1356909 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIBBITTS, FRANK S DO NOT WRITE 200 ECHO HOLLOW WAY OVIEDO, FL 32765 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 re kstered agent. (NOTE: Registered Agent signature required when reinstalling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS SD TITLE NAME TIBBITTS, MARY K STREET ADDRESS 200 ECHO HOLLOW WAY CITY ST-71P OVIEDO, FL 32765 TITLE NAME TIBBITTS, FRANK S 000000568602 07/07/06-80017-003 550.00 200 ECHO HOLLOW WAY STREET ADDRESS OVIEDO, FL 32765 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of 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 chapter or on attachment with an address, with all other like empowered.

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SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED