


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 467709
1. Entity Name
TIME ADJUSTERS CONFERENCE, INC.



Principal Place of Business Mailing Address
728 FENTRESS BLVD. 728 FENTRESS BLVD
P O BOX 2225 P O BOX 2225
DAYTONA BEACH, FL 32114 US DAYTONA BEACH, FL 32114 US

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1957077 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALTES, H C
728 FENTRESS BLVD.
DAYTONA BCH., FL 32014

DO NOT WRITE 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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

000000431412
02/23/06-80027-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MERTHE, M
STREET ADDRESS	728 FENTRESS BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	O
NAME	ALTES, H C
STREET ADDRESS	728 FENTRESS BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VP
NAME	ALTES, J.PATRICK
STREET ADDRESS	728 FENTRESS BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Margaret Merta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____