

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90077 024 ***150.00

DOCUMENT # F00000006250

1. Entity Name
TIMEWISE MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**87 WINTHROP STREET
AUGUSTA, ME 04330**

Mailing Address
**ONE PORTLAND SQUARE
P.O. BOX 586
PORTLAND, ME 04112-0586**

2. Principal Place of Business
1180 Celebration Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.

City & State
Celebration, FL

City & State

Zip
34747

Country

Zip

Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
01-0529870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, the registered agent.

SIGNATURE

(Signature of officer or director of registered agent and the applicable

(Signature of Registered Agent signature required when submitting)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PCD
RODRIGUE, RODNEY P
87 WINTHROP STREET
AUGUSTA, ME 04330** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**STCF
DELLA-PUPA, OLGA
500 WEST CUMMINGS PARK, STE 6500
WOBBURN, MA 02180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
KARVONIDES, NICHOLAS
87 WINTHROP STREET
AUGUSTA, ME 04330** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
MOSHER, MURIEL
87 WINTHROP STREET
AUGUSTA, ME 04330** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
SHEHATA, TERRY
87 WINTHROP STREET
AUGUSTA, ME 04330** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**AS
HOOPES, JENNIFER E
ONE PORTLAND SQUARE
PORTLAND, ME 041120586** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
Don Chappel
87 Winthrop Street
Augusta, ME 04330** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
John DuBois
87 Winthrop Street
Augusta, ME 04330** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
Dennis Grogan
1025 Ocean Avenue
Santa Monica, CA 90403** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**AS
Gregory S. Fryer
One Portland Square, P.O. Box 586
Portland, ME 04112-0586** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**STCF
Olga Della-Pupa
500 West Cummings Park, Suite 6500
Woburn, MA 01801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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:

Gregory S. Fryer

Gregory S. Fryer

4/13/06

207-774-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number