

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90018 012 ***150.00

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DOCUMENT # F00000006250 1. Entity Name TIMEWISE MANAGEMENT SYSTEMS, INC.					
Principal Place of Business 1180 CELEBRATION BLVD SUITE 103 CELEBRATION, FL 34747			Mailing Address ONE PORTLAND SQUARE P.O. BOX 586 PORTLAND, ME 04112-0586		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0529870	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RODRIGUE, RODNEY P 87 WINTHROP STREET AUGUSTA, ME 04330 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEOD RODRIGUE, RODNEY P. 1180 CELEBRATION BLVD., SUITE 103 CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEHATA, TERRY 87 WINTHROP STREET AUGUSTA, ME 04330 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISSEY, DIANE 3011 SPRINGRIDGE DRIVE COLORADO SPRINGS, CO 80906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPPELL, DON 87 WINTHROP STREET AUGUSTA, ME 04330 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRYER, GREGORY S. ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 04112-0586 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSHER, MURIEL 87 WINTHROP STREET AUGUSTA, ME 04330 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF DELLA-PUPA, OLGA 500 WEST CUMMINGS PARK SUITE 6500 WOBURN, MA 01801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCFO DELLA-PUPA, DELLA 1180 CELEBRATION BLVD., SUITE 103 CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUBOIS, JOHN 87 WINTHROP STREET AUGUSTA, ME 04330 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			207-774-4000		