2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006250

Entity Name: TIMEWISE MANAGEMENT SYSTEMS, INC.

FILED Feb 26, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
1180 CELEBRATION BLVD SUITE 103 CELEBRATION, FL 34747						
Current Ma	ailing Address	:	New Mailir	New Mailing Address:		
ONE PORTLAND SQUARE P.O. BOX 586 PORTLAND, ME 041120586						
FEI Number:	01-0529870	FEI Number Applied For ()	El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RODRIGUE, ROI	TON BLVD., SUITE 103	Title: Name: Address: City-St-Zip:	RODRIGUE,	RATION BLVD., SUITE 103	
Title: Name: Address: City-St-Zip:	V () [SHEHATA, TERR 87 WINTHROP S AUGUSTA, ME (TREET	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	V () I CHAPPELL, DON 87 WINTHROP S AUGUSTA, ME	TREET	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	V () [MOSHER, MURII 87 WINTHROP S AUGUSTA, ME (TREET	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	DELLA-PUPA, DI	TON BLVD., SUITE 103	Title: Name: Address: City-St-Zip:	ADAMS, CYN 1180 CELEB	X) Change ()Addition THIA E RATION BLVD., SUITE 103 N, FL 34747	
Title: Name: Address: City-St-Zin:	V ()[DUBOIS, JOHN 87 WINTHROP S		Title: Name: Address:	FRYER, GRE	X) Change () Addition GORY S ND SQUARE, P.O. BOX 586	

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY S. FRYER AS 02/26/2009