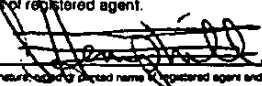
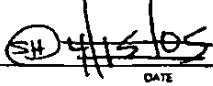
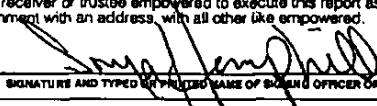


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90001 049 ****61.25

DOCUMENT # F03000002264 1. Entity Name THINK IT'S NOT WHEN IT IZ, INC.					
Principal Place of Business 2254 WICKDALE CT. OCOE, FL 34761			Mailing Address 2254 WICKDALE CT. OCOE, FL 34761		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		City	
Zip		Country		City	
6. Name and Address of Current Registered Agent HEMPHILL, SONYA 2254 WICKDALE CT. OCOE, FL 34761				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 registered agent.					
SIGNATURE  (SH)		DATE 			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	HEMPHILL, SONYA				
STREET ADDRESS	2254 WICKDALE CT.				
CITY- ST- ZIP	OCOE, FL 34761				
TITLE	V	☐ Delete			
NAME	JOHNSON, ZENA				
STREET ADDRESS	507 GOLDENMOSS LOOP				
CITY- ST- ZIP	OCOE, FL 34761				
TITLE	S	☐ Delete			
NAME	GREEN, HELEN				
STREET ADDRESS	507 GOLDENMOSS LOOP				
CITY- ST- ZIP	OCOE, FL 34761				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
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TITLE		☐ Delete			
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CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/15/05 Daytime Phone # 407 970-1550					

00033952



05052005 Chg-NP CR2E037 (10/03)

4. FEI Number
11-3224006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEMPHILL, SONYA
2254 WICKDALE CT.
OCOE, FL 34761

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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SIGNATURE

Signature of the signed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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STREET ADDRESS
CITY- ST- ZIP

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HEMPHILL, SONYA
2254 WICKDALE CT.
OCOE, FL 34761

☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #