2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002264

FILED Jul 06, 2006 Secretary of State

Entity Name: THINK IT'S NOT WHEN IT IZ, INC.	
Current Principal Place of Business:	New Principal Place of Business:
2254 WICKDALE CT. OCOEE, FL 34761	5550 EAST MICHIGAN ST. 3112 ORLANDO, FL 32822
Current Mailing Address:	New Mailing Address:
2254 WICKDALE CT. OCOEE, FL 34761	5550 EAST MICHIGAN ST. 3112 ORLANDO, FL 32822
FEI Number: 11-3224006 FEI Number Applied For () FEI Number accordance with s. 607.193(2)(b), F.S., the corporation did not receive to	mber Not Applicable () Certificate of Status Desired () the prior notice.
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
HEMPHILL, SONYA 2254 WICKDALE CT. OCOEE, FL 34761 US	HEMPHILL, SONYA 5550 EAST MICHIGAN ST 3112 ORLANDO, FL 32822 US
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	07/06/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: HEMPHILL, SONYA Address: 2254 WICKDALE CT. City-St-Zip: OCOEE, FL 34761	Title: P (X) Change () Addition Name: HEMPHILL, SONYA Address: 5550 EAST MICHIGAN ST City-St-Zip: ORLANDO, FL 32822
Title: V () Delete Name: JOHNSON, ZENA Address: 507 GOLDENMOSS LOOP City-St-Zip: OCOEE, FL 34761	Title: () Change () Addition Name: Address: City-St-Zip:
Title: S () Delete Name: GREEN, HELEN Address: 507 GOLDENMOSS LOOP City-St-Zip: OCOEE, FL 34761	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONYA HEMPHILL P 07/06/2006