2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# F21739

Entity Name: TIMSAMLEE ASSOCIATES, INC.

Current Principal Place of Business:

13033 NE JACKSONVILLE HIGHWAY
SPARR, FL 32192

New Principal Place of Business:

Current Mailing Address:

BOX 298
SPARR, FL 32192

New Mailing Address:

FEI Number: 59-2302883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, SAMUEL B
P.O. BOX 298
SPARR, FL 32192 US

Name and Address of New Registered Agent:

HOWARD, SAMUEL B
13838 N.E.10TH STREET ROAD
SILVER SPRINGS, FL 34489 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: SAMUEL B.HOWARD 01/15/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HOWARD, PAUL LEE,
Address: P.O. BOX 298
City-St-Zip: SPARR, FL 32192

Title: TDS ( ) Delete
Name: HOWARD, RUTH B.,
Address: P.O. BOX 298
City-St-Zip: SPARR, FL 32192

Title: VD ( ) Delete
Name: HOWARD, SAMUEL B
Address: P.O. BOX 298.
City-St-Zip: SPARR, FL 32192

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: HOWARD, PAUL L VD
Address: P.O. BOX 298
City-St-Zip: SPARR, FL 32192

Title: TDS (X) Change ( ) Addition
Name: HOWARD, RUTH B TDS
Address: P.O. BOX 298
City-St-Zip: SPARR, FL 32192

Title: VD (X) Change ( ) Addition
Name: HOWARD, SAMUEL B VD
Address: P.O. BOX 298.
City-St-Zip: SPARR, FL 32192

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL B.HOWARD VD 01/15/2007
Electronic Signature of Signing Officer or Director Date