## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F31455

Entity Name: TIM DONUT U.S. LIMITED, INC.

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
4288 DUBLIN-GRANVILLE RD P O BOX 256, ATTN: TAX DEPT. DUBLIN, OH 43017 US				4288 W. DUBLIN-GRANVILLE RD P O BOX 256, ATTN: TAX DEPT. DUBLIN, OH 43017 US				
Current Mailing Address:				New Mailing Address:				
4288 DUBLIN-GRANVILLE RD P O BOX 256, ATTN: TAX DEPT. DUBLIN, OH 43017 US				4288 W. DUBLIN-GRANVILLE RD P O BOX 256, ATTN: TAX DEPT. DUBLIN, OH 43017 US				
FEI Number:	59-2121042	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of S	tatus Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CEO () E SCHUESSLER, J 4288 W DUBLIN- DUBLIN, OH 430	GRANVILLE RD		Title: Name: Address: City-St-Zip:		()Change ()Addi	ition	
Title: Name: Address: City-St-Zip:	EVD () I MUSICK, RONAL 4288 W DUBLIN- DUBLIN, OH 430	GRANVILLE RD		Title: Name: Address: City-St-Zip:	VP MAYER, RO 4288 W DUE DUBLIN, OH	BLIN-GRANVILLE RE		
Title: Name: Address: City-St-Zip:	SVPD () E GALLAGHER, EV 4288 W DUBLIN DUBLIN, OH 430	GRANVILLE RD		Title: Name: Address: City-St-Zip:		()Change ()Addi	ition	
Title: Name: Address: City-St-Zip:	EVP ()[ ANDERSON, KEI 4288 W DUBLIN- DUBLIN, OH 430	GRANVILLE RD		Title: Name: Address: City-St-Zip:	EVPS MCCORKLE 4288 W DUE DUBLIN, OH	BLIN-GRANVILLE RE		
Title: Name: Address: City-St-Zip:	HOUSE, PAUL 874 SINCLAIR R	Delete OAD CANADA, L6K 2Y1		Title: Name: Address: City-St-Zip:	DPCO HOUSE, PAU 874 SINCLA OAKVILLE, (			
Title: Name: Address: City-St-Zip:	BROWNLEY, JO	-GRANVILLE RD.		Title: Name: Address: City-St-Zip:		(X) Change ()Add OD, JONATHAN F BLIN-GRANVILLE R 43017		

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: EVERETT E. GALLAGHER. JR. SVPD 04/04/2006