

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001048

Entity Name: SAMUEL TILLES, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 221600
HOLLYWOOD, FL 330221600 US

New Principal Place of Business:

601 S FEDERAL HWY
HOLLYWOOD, FL 33020 US

Current Mailing Address:

PO BOX 221600
HOLLYWOOD, FL 330221600 US

New Mailing Address:

FEI Number: 21-0725430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLES, DAVID D
801 S. SURF RD.
HOLLYWOOD, FL 330221600 US

Name and Address of New Registered Agent:

TILLES, DAVID D
601 S FEDERAL HWY
HOLLYWOOD, FL 33020 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: DAVID D TILLES

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TILLES, DAVID D
Address: 801 S. SURF RD.
City-St-Zip: HOLLYWOOD, FL 33019

Title: DST () Delete
Name: TILLES, MINDY L
Address: 801 S. SURF RD.
City-St-Zip: HOLLYWOOD, FL 33019

Title: DV () Delete
Name: TILLES, ARNO W
Address: 801 S. SURF RD.
City-St-Zip: HOLLYWOOD, FL 33019

Title: DV () Delete
Name: TILLES, MONTY J
Address: KENDALL RD
City-St-Zip: STRAFFORD, VT 05072

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TILLES, DAVID D
Address: PO BOX 220936
City-St-Zip: HOLLYWOOD, FL 330220936

Title: DST (X) Change () Addition
Name: TILLES, MINDY L
Address: PO BOX 221600
City-St-Zip: HOLLYWOOD, FL 330221600

Title: DV (X) Change () Addition
Name: TILLES, ARNO W
Address: 10 ROGERS ST
City-St-Zip: CAMBRIDGE, MA 02142

Title: DV (X) Change () Addition
Name: TILLES, MONTY J
Address: PO BOX 78
City-St-Zip: S STRAFFORD, VT 05070

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: DAVID D TILLES

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date