2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001266

Entity Name: OLD TIME POTTERY, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4021 W. CO TAMARAC,	OMMERCIAL FL 33319	BLVD.			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 1 MURFREE	838 SBORO, TN	371331838			
FEI Number:	62-1249062	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
1200 SOUT	ORATION SY TH PINE ISLA DN, FL 33324	ND ROAD			
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PETERSON, S PO BOX 1838,) Delete COTT M 480 RIVER ROCK BVLD DRO, TN 371331838	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PETERSON, S PO BOX 1838,) Delete ALLIE S 480 RIVER ROCK BLVD)RO, TN 371331838	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PETERSON, G PO BOX 1838,) Delete ILENN 480 RIVER ROCK BLVD DRO, TN 371331838	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PETERSON, J. PO BOX 1838,) Delete ACK H 480 RIVER ROCK BLVD DRO, TN 371331838	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CARSON, HAR 189 FOREMAN FREEPORT, P	I RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LINDSAY, ROS 4707 OLEAND MYRTLE BEAC	ER DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ANGIE DEBERRY ACC 04/16/2008