


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # G38850 1. Entity Name THE FIRST TIGER CORPORATION	
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Principal Place of Business % LORI J. STOTTLER 1115 S. BREVARD AVE. COCOA BEACH, FL 32931 US	Mailing Address % MICHELE E. STOTTLER 8 TRADITIONAL LN. LOUDONVILLE, NY 12211-1931 US
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DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2503273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STOTTLER, LORI J 1115 S. BREVARD AVE COCOA BEACH, FL 32931	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000942516 05/29/08-80023-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOTTLER, RICHARD H 2016 BELLE MONTI AVE. BELMONT, CA 94002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORI STOTTLER 1115 S. BREVARD AVE. COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOTTLER, MICHELE E 8 TRADITIONAL LANE LOUDONVILLE, NY 122111931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michele E. Stotler **4/29/08** **(518) 489-4218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #