

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63909

Entity Name: TINY, INC.

FILED
May 31, 2004
Secretary of State

Current Principal Place of Business:

7826 W ARIANE ST
P.O. BOX 2077
HOMOSASSA SPRINGS, FL 34447 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2077
P.O. BOX 2077
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-2339201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLENKAMP, RUBY V.
7826 W ARIANE ST
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

BRUNS, SUE ANN
7826 W ARIANE ST
HOMOSASSA, FL 34446 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: SUE ANN BRUNS

05/31/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: FULLENKAMP, RUBY V
Address: 7826 W ARIANE ST
City-St-Zip: HOMOSASSA, FL 34446

Title: VPS () Delete
Name: BRUNS, SUE
Address: 7826 W ARIANE ST
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: FULLENKAMP, PATRICK P
Address: 5601 WELLS ROAD
City-St-Zip: MINSTER, OH 45865

Title: DVPS (X) Change () Addition
Name: BRUNS, SUE
Address: 7826 W ARIANE ST
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUE ANN BRUNS

DVPS

05/31/2004

Electronic Signature of Signing Officer or Director

Date