

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99795

FILED  
Mar 03, 2007  
Secretary of State

Entity Name: TUT ENTERPRISES INCORPORATED

**Current Principal Place of Business:**

10340 CYPRESS ISLE CT  
ORLANDO, FL 32836 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2962  
WINDERMERE, FL 34786 US

**New Mailing Address:**

FEI Number: 59-2955247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOOLEY, MICHAEL E.  
10340 CYPRESS ISLE CT.  
ORLANDO, FL 32836 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: DOOLEY, MICHAEL E  
Address: 10340 CYPRESS ISLE CT.  
City-St-Zip: ORLANDO, FL 32836

Title: VPD ( ) Delete  
Name: DOOLEY, ANDREW R  
Address: 8626 TARA OAKS COURT  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete  
Name: DOOLEY, SHEELAGH M  
Address: 4927 WALDEN CIRCLE  
City-St-Zip: ORLANDO, FL 32811 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL DOOLEY

PD

03/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date