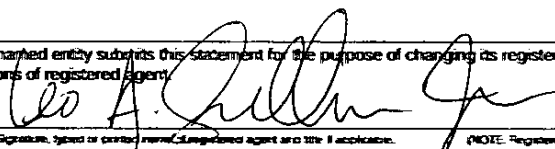


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90067 024 ***150.00

DOCUMENT # L03241 1. Entity Name TANGLED KNOTS, INC.					
Principal Place of Business 1389 RED OAK DR TARPON SPRINGS, FL 34689 US				Mailing Address P.O. BOX 877 TARPON SPRINGS, FL 34688 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1389 RED OAK DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TARPON SPRINGS, FL			
Zip 34689	Country US	4. FEI Number 59-2959302		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SULLIVAN, LEO A JR 1389 RED OAK DRIVE TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	VST SULLIVAN, LEO A. JR. 1389 RED OAK DR TARPON SPRINGS, FL 34689		☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION	
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, BRYANT 809 CARDINAL AVE. PALM HARBOR, FL 34683		☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION	
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION	
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION	
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION	
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: 			Date: 4/4/2007		