

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007431

FILED
Jan 29, 2009
Secretary of State

Entity Name: TIM WORKS, CORP.

Current Principal Place of Business:

1606 BURRYPORT DR
ORLANDO, FL 32887

New Principal Place of Business:

1606 BURRYPORT DRIVE
ORLANDO, FL 32837 US

Current Mailing Address:

1606 BURRYPORT DR
ORLANDO, FL 32887

New Mailing Address:

1606 BURRYPORT DRIVE
ORLANDO, FL 32837 US

FEI Number: 94-3437529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARRENTON, SUZONNA D
1606 BURRYPORT DR
ORLANDO, FL 32887 US

Name and Address of New Registered Agent:

HARDRICK ENTERPRISES CORPORATION
918 WOODEN BOULEVARD
ORLANDO, FL 32805 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: DAVID HARDRICK

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DOI () Delete
Name: JOHN, PATRICE
Address: 1606 BURRYPORT DR
City-St-Zip: ORLANDO, FL 32887

Title: DOH () Delete
Name: ADKINS, CHERI
Address: 1606 BURRYPORT DR
City-St-Zip: ORLANDO, FL 32887

Title: DOF () Delete
Name: BUHL, KRISTINA
Address: 1606 BURRYPORT DR
City-St-Zip: ORLANDO, FL 32887

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: WARRENTON, SUZONNA D
Address: 1606 BURRYPORT DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: VCOO (X) Change () Addition
Name: SMITH, RASHEEDA
Address: 1606 BURRYPORT DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: SCOS (X) Change () Addition
Name: HARDRICK, VINELL M
Address: 918 WOODEN BOULEVARD
City-St-Zip: ORLANDO, FL 32805 US

Title: TCFO () Change (X) Addition
Name: HARDRICK, DAVID J
Address: 918 WOODEN BOULEVARD
City-St-Zip: ORLANDO, FL 32805 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZONNA WARRENTON

CCEO

01/29/2009

Electronic Signature of Signing Officer or Director

Date