


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N18125 1. Entity Name TIME SIFTERS, INC.	
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Principal Place of Business C/O MARION ALMY 2100 MCCLELLAN PARKWAY SARASOTA, FL 34239	Mailing Address P O BOX 25883 SARASOTA, FL 34277
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01312006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 MARABLE, STANLEY E., ESQUIRE 1800 2ND STREET, #715 SARASOTA, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000419034
02/14/06-80031-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORP, WILLIAM 156 EMERSON DR SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUTOR, CORNELIA 3814 WILSHIRE CIRCLE W SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, JACK 4734 COUNTRY MANOR DR SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06
Date

941-927-6999
ext 101
Daytime Phone #