2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 8:00 am Secretary of State

DOCUMENT # N24866 1. Entity Name TUTTEROW STARS OF TOMORROW, INC.							02-27-2008	90003 03!	9 ****61.	25	
452 5TH AVE SE PO E			lailing Address PO BOX 650 ARGO, F 33779 US					liesi aidēl tehta bika bi	ife 818ft 312 11 8 161	1 878N 212N 23 8	Nel et lept
Principal Place of Business - No P.O. Box # 3.			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					02212008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State					4. FEI Numbe 59-2871	1199			plied For
Zip	Country		Zip Co		untry	5. Certificate of Status			\$9.75 Additional		
	6. Name and Address of Curren	t Registered A	gent				7. Name and	Address of New	Registered A	laent	
	2.5		<u> </u>		Name					<u> </u>	
KENNEDY 452 5TH A		Street Address			dress (P.	(P.O. Box Number is Not Acceptable)					
LARGO, FL 33771					<u> </u>	_			•		
					City				FL	Zip Code	e
	named entity submits this statement ions of registered agent.	for the purpose	of changing its	register	ed office or re	registere	ed agent, or bot	h, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE .											
- CONTROLL	Signature, typed or printed name of registered ager	nt and title if applicab	le. (NOTE	: Registere	d Agent signature	e required w	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	Due by May 1, 2008		Trust Fund C			_ ;	Added to Fees	Flo			
10.	OFFICERS AND D	IRECTORS	Trust Fund C					FIG	orida Depart	tment of St	ate
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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:

MM MOULUS /GINNY MORRIS

ATURE AND TIPED ON PRINTED NAME OF BIGNING OFFICER ON DIRECTORY TO A CLUB

2/21/08 727-743-