


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90196 043 ****61.25

DOCUMENT # N39440		
1. Entity Name TIMBER PINES PLAYERS, INC.		

Principal Place of Business 7367 ROSEMONT LANE 7473 Clearmeadow Dr SPRING HILL, FL 34606	Mailing Address 7367 ROSEMONT LANE 7473 Clearmeadow Dr SPRING HILL, FL 34606
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7473 Clearmeadow Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Spring Hill, FL	
Zip	Country	Zip	Country
		34606	Hernando

04142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3027611	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OATES, CAROLYN 7473 CLEARMEADOW DR SPRING HILL, FL 34606		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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	Secretary
NAME	KIMBIZ, MILLIE	NAME	Musica, Chris
STREET ADDRESS	6652 BRAMBLEAF DR.	STREET ADDRESS	2200 Forester Way
CITY-ST-ZIP	SPRING HILL, FL	CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	PD	TITLE	D
NAME	(DOTTIE) LAZAN	NAME	Moore, Pat
STREET ADDRESS	6524 PINE MEADOW DR	STREET ADDRESS	2119 Terrace View Lane
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	VD	TITLE	
NAME	WARNER, CARLOS	NAME	
STREET ADDRESS	6201 BUMING TASE LANE	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	OATES, CAROLYN	NAME	
STREET ADDRESS	7473 CLEAR MEADOW DR	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	WARD, JOHN	NAME	
STREET ADDRESS	8116 SUMMERSONG CT	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	TERRELL, JOHN	NAME	
STREET ADDRESS	6432 PLANTATIOIN ROAD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	

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: <i>Carolyn Oates</i> Carolyn Oates	4/14/2007	352-666-5435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #