


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004372 1. Entity Name PASTTYMES PRODUCTIONS, INC.	
--	---

Principal Place of Business 745 NORTHEAST 117 STREET BISCAYNE PARK, FL 33161	Mailing Address 745 NORTHEAST 117 STREET BISCAYNE PARK, FL 33161
--	--

DO NOT WRITE IN THIS SPACE



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0608459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FITZGERALD, DAN 745 NORTHEAST 117 STREET BISCAYNE PARK, FL 33161	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWGRY, DONALD R 3611 SW 33 AVENUE HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM KOPPEN, ROBERT PA 700 NE 90TH ST. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, LOUISE 800 NE 137TH ST N MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HACH, BETTY 987 NE 96 STREET MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KVETKO, JAMES REV 9823 NE 4 AVENUE MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRING, DANIEL 1320 S DINE HIGHWAY CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

U00000600551
01/26/07-80014-006 70.00

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:  DAN FITZGERALD 1/20/07 305 895 7317		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>