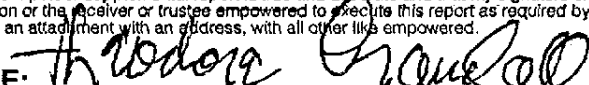


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000033559 1. Entity Name TEENY WEENY REENY, INC.		
Principal Place of Business C/O MICHAEL A. RUBIN, ESQ. 420 SOUTH DIXIE HIGHWAY #4B CORAL GABLES, FL 33146	Mailing Address C/O MICHAEL A. RUBIN, ESQ. 420 SOUTH DIXIE HIGHWAY #4B CORAL GABLES, FL 33146	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RUBIN, MICHAEL A ESQ 420 S. DIXIE HWY, STE #4B CORAL GABLES, FL 33146		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's signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CRANDALL, THEODORE C/O 420 SOUTH DIXIE HIGHWAY #4B CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANDALL, THEODORE C/O 420 SOUTH DIXIE HIGHWAY #4B CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 607, 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		2/23/06 (305) 661-1029 Date Daytime Phone #



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1002056	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	