

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064141

FILED
Apr 19, 2006
Secretary of State

Entity Name: TIME DELAYS, INC.

Current Principal Place of Business:

P.O. BOX 494
DESTIN, FL 32540

New Principal Place of Business:

P.O. BOX 921
DESTIN, FL 32540

Current Mailing Address:

TIME DELAYS INC
900 GULFSHORE DR #3063
DESTIN, FL 32541

New Mailing Address:

FEI Number: 24-0842629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, TOM H
281 STAHLMAN AVE.
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

FISHER, TOM H
900 GULFSHORE DR #3063
DESTIN, FL 32541 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/19/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FISHER, TOM H
Address: 900 GULFSHORE DR. #3063
City-St-Zip: DESTIN, FL 32541 OK

Title: VP () Delete
Name: FISHER, JUDY D TREASUR
Address: STAHLMAN AVE
City-St-Zip: DESTIN, FL 32541 OK

Title: SEC () Delete
Name: ALLEN, KELLEY SEC
Address: 281 STAHLMAN AVE
City-St-Zip: DESTIN, FL 32541 OK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM H. FISHER

Electronic Signature of Signing Officer or Director

PRES

04/19/2006

Date