

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108715

Entity Name: THYME TO FEAST, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

130 SW 2ND AVENUE
DANIA BEACH, FL 33004

New Principal Place of Business:

128 SW 2ND AVENUE
DANIA BEACH, FL 33004

Current Mailing Address:

1200 CHENILLE CIR
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-1058466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSKY, JEFFREY ESQ
301 AIMERIA AVE, STE 345
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUCHLICKI, MICHAEL
Address: 1200 CHENILLE CIR
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: SUCHLICKI, LAURA
Address: 1200 CHENILLE CIR
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: MICHAEL SUCHLICKI

D

04/21/2005

Electronic Signature of Signing Officer or Director

Date