2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P01000011678

Entity Name: TEMPTING TUB, INC.

Current Principal Place of Business:

712 LUCERNE CIRCLE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

712 LUCERNE CIRCLE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 03-0515972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMERON, A. CRAIG ESQ
15 WEST CHURCH STREET STE 301
ORLANDO, FL 32801 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: PT ( ) Delete
Name: SHANNON, BETH
Address: 712 LUCERNE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VS ( ) Delete
Name: COBB, CLAUDIA
Address: 1513 CENTER AVE
City-St-Zip: HOLLY HILL, FL 32117

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 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: BETH SHANNON PT 04/30/2009

Electronic Signature of Signing Officer or Director — Date