2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000030952

1. Entity Name
TIP MESSENGER SERVICE INC.

Principal Place of Business	Mailing Address
4803 NW 59TH CT.	4803 NW 59TH CT.
COCONUT CREEK, FL 33073	COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

03202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1091195	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HORN, DEBRA
4803 NW 59TH ST.
COCONUT CREEK, FL 33073

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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PSTD
NAME	HORN, DEBRA
STREET ADDRESS	4803 NW 59TH COURT
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	VP
NAME	BROCK, KIMBERLY A
STREET ADDRESS	5863 NW 48TH AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000677648
04/02/07-80001-017 150.00

DO NOT WRITE IN THIS SPACE

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: _Debra S. Horn_, DEBRA S. HORN, PRES. 3-20-07   954-520-2385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #