

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056091

Entity Name: TELLING YOUR STORY, INC.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

3800 OAKS CLUBHOUSE DR
212
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

PO BOX 668485
POMPANO BEACH, FL 33069

New Mailing Address:

3800 OAKS CLUBHOUSE DR
212
POMPANO BEACH, FL 33069

FEI Number: 65-1116978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS KRAUSS, MARJORY
3800 OAKS CLUBHOUSE DR
212
POMPANO BEACH, FL 33069 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: DP () Delete
Name: LYONS KRAUSS, MARJORY
Address: 3800 OAKS CLUBHOUSE DR # 212
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Delete
Name: KRAUSS, HAROLD
Address: 3800 OAKS CLUBHOUSE DR # 212
City-St-Zip: POMPANO BEACH, FL 33069

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: MARJORY LYONSKRAUSS

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date