2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 AM Secretary of State

DOCUMENT: #*P01000092780 1. Entity Name TIME FOR US, INC.			Secretary of State				
Principal Place 825 EAST LE DELTONA, FL	HIGH DR	Mailing Address 825 EAST LEHIGH DR DELTONA, FL 32738			25 3 2 86 68 28		
D	O NOT WRITE I	CE	02162007 4. FEI Numb 59-374	No Chg-P		Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Region, MARGARET J LEHIGH DR FL 32738	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 renstating) DATE							n familiar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE D HOUGHTON, MARGARET J 825 EAST LEHIGH DR DELTONA, FL 32738	CTORS				100007 207-6	720627 80115-007 150.00
STREET ADDRESS CHY-S1-ZIP HILE NAME STREET ADDRESS CHY-S1-ZIP					NOT W	'RIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN T	THIS SF	'AC	E

12. Thereby 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 of trustee empowered to execute this eport 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:

NAME STREET ADDRESS CITY+ST-ZIP

HOWATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

4/17/07 386-419-153