

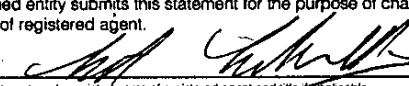
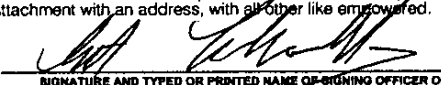


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90143 026 ***150.00

DOCUMENT # P01000100513 1. Entity Name TIDSWELL, INC.					
Principal Place of Business 419 CORONADO DRIVE CLEARWATER, FL 33767			Mailing Address 419 CORONADO DRIVE CLEARWATER, FL 33767		
2. Principal Place of Business 2060 INDIAN AVE N Suite, Apt. #, etc.		3. Mailing Address 2060 INDIAN AVE N Suite, Apt. #, etc.			
City & State BEVERLY BLUFFS		City & State BEVERLY BLUFFS		4. FEI Number 59-3751291	
Zip 33770		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIDSWELL, LAWRENCE A 419 CORONADO DRIVE CLEARWATER, FL 33767			7. Name and Address of New Registered Agent Name TIDSWELL, LAWRENCE A Street Address (P.O. Box Number is Not Acceptable) 2060 INDIAN AVE N City BEVERLY BLUFFS FL Zip Code 33770		
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  DATE 7/12/06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIDSWELL, LAWRENCE A 419 CORONADO DRIVE CLEARWATER, FL 33767	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2060 INDIAN AVE N BEVERLY BLUFFS FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIDSWELL, KIM 419 CORONADO DRIVE CLEARWATER, FL 33767	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2060 INDIAN AVE N BEVERLY BLUFFS FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 7/12/06 DAYTIME PHONE # (727) 278-9116 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					