

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 015 ***150.00

DOCUMENT # P02000009555			
1. Entity Name TIME & MONEY IS FREEDOM, INC.			
Principal Place of Business 800 W. CYPRESS CREEK RD. SUITE 470 FORT LAUDERDALE, FL 33309 US		Mailing Address 800 W. CYPRESS CREEK RD. SUITE 470 FORT LAUDERDALE, FL 33309 US	
2. Principal Place of Business - No P.O. Box # 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465		3. Mailing Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33309	Country USA	Zip 33309	Country USA
6. Name and Address of Current Registered Agent LEGE, LARRY PTSD 800 W CYPRESS CREEK RD. SUITE 470 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name LEGE, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD. SUITE 470 City FORT LAUDERDALE FL Zip Code 33309	
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 _____ <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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LEGE, LARRY PTSD 800 W CYPRESS CREEK RD STE 470 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>Larry Legel</i> LARRY LEGEL		Date: APR 24 2007 Daytime Phone #: 954 493 8900	