2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000023468

1. Entity Name
TIGER MODEL DESIGNS, INC

Principal Place of Business	Mailing Address
5305B BERTHA NELSON RD PANAMA CITY, FL 32404	5305B BERTHA NELSON RD PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

03122008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0560154	Not Applicable

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

6. Name and Address of Current Registered Agent

BAKANOVIC, JOSEPH A III
1303 CONNECTICUT
LYNN HAVEN, FL 32444

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000319897 05/14/08-80023-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BAKANOVIC, JOSEPH A III
STREET ADDRESS	1303 CONNECTICUT
CITY-ST-ZIP	LYNN HAVEN, FL 32444

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Joseph A Bakanovic III_   4/22/08   850-624-8947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #