

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080316

FILED
Jan 24, 2006
Secretary of State

Entity Name: TIT FOR TAT THIS AND THAT COLLECTIBLES INCORPORATED

Current Principal Place of Business:

12680-4 MCGREGOR BLVD
FT. MYERS, FL 33919

New Principal Place of Business:

12710-2 MCGREGOR BLVD
FT. MYERS, FL 33919

Current Mailing Address:

12680-4 MCGREGOR BLVD
FT. MYERS, FL 33919

New Mailing Address:

12710-2 MCGREGOR BLVD
FT. MYERS, FL 33919

FEI Number: 51-0414807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLER, COLLEEN
515 N.E. 15TH AVENUE
CAPE CORAL, FL 33909 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: P () Delete
Name: ELLER, COLLEEN
Address: 515 NE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: V () Delete
Name: ELLER, DENNIS
Address: 515 NE 15TH AVE
City-St-Zip: CAPE CORAL, FL 33909

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 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: COLLEEN ELLER

P

01/24/2006

Electronic Signature of Signing Officer or Director

Date