2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128543

Address:

City-St-Zip:

1862 HAMMOCK MOSS RD.

ORLANDO, FL 32820

Entity Name: TIMELESS REUNIONS, INC.

FILED Apr 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3337 S. KIRKMAN RD. 11737 PEACH GROVE LN ORLANDO, FL 32821 627 ORLANDO, FL 328112499 **New Mailing Address: Current Mailing Address:** 7512 DR. PHILLIPS BLVD SUITE 50 PMB 206 ORLANDO, FL 32819 FEI Number: 02-0664071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, CAROL L COLLINS, TIMOTHY G 11737 PÉACH GROVE LN 4073 ROSE OF SHARON DR. ORLANDO, FL 32808 ORLANDO, FL 32821 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: TIMOTHY G COLLINS 04/20/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition COLLINS, WARREN J Name: Name: 5700 ESCONDIDA BLVD S Address: Address: City-St-Zip: SAINT PETERSBURG, FL 337151482 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: COLLINS, TIMOTHY G Name: COLLINS, TIMOTHY G 3337 S. KIRKMAN RD. APT#627 11737 PEACH GROVE LN Address: Address: ORLANDO, FL 328112499 ORLANDO, FL 32821 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition COLLINS, CAROL L Name: Name: 4073 ROSE OF SHARON DR. Address: Address: City-St-Zip: ORLANDO, FL 328082740 City-St-Zip: Title: () Delete Title: () Change () Addition MUNERA, JOHN O Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY G COLLINS C/S 04/20/2004