

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089135

Entity Name: THOUGHTFUL SHOPPER, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1700 N. MONROE ST.
SUITE 11-3223
TALLAHASSEE, FL 32303

Current Mailing Address:

1700 N. MONROE ST.
SUITE 11-3223
TALLAHASSEE, FL 32303

New Principal Place of Business:

1700 N. MONROE ST.
SUITE 11
TALLAHASSEE, FL 32303

New Mailing Address:

1700 N. MONROE ST.
SUITE 11
TALLAHASSEE, FL 32303

FEI Number: 31-1826532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, JOHN K
2110 GREAT OAK DRIVE
TALLAHASSEE, FL 323034310 US

Name and Address of New Registered Agent:

MORRISON, JOHN K
2110 GREAT OAK DRIVE
TALLAHASSEE, FL 32303 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRISON, JOHN K
Address: 2110 GREAT OAK DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: MORRISON, CONSTANCE S
Address: 2110 GREAT OAK DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MORRISON, ELISA M
Address: 58 SUTTON PLACE
City-St-Zip: BROOKLYN, NY 11222

Title: ST () Delete
Name: PARAMORE, LINDA G
Address: 8727 LAKE MUNSON STREET
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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.

SIGNATURE: JOHN K MORRISON

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date