

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089135

Entity Name: THOUGHTFUL SHOPPER, INC.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

2110 GREAT OAK DR
TALLAHASSEE, FL 32303

New Principal Place of Business:

149 MAPLE DRIVE
DEBARY, FL 32713

Current Mailing Address:

2110 GREAT OAK DR
TALLAHASSEE, FL 32303

New Mailing Address:

149 MAPLE DRIVE
DEBARY, FL 32713

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 32303 US

Name and Address of New Registered Agent:

MORRISON, JOHN K
149 MAPLE DRIVE
DEBARY, FL 32713 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:

02/06/2009

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: 1453-A YALE STREET
City-St-Zip: SANTA MONICA, CA 90404

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: P (X) Change () Addition
Name: MORRISON, JOHN K
Address: 149 MAPLE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: V (X) Change () Addition
Name: MORRISON, CONSTANCE S
Address: 149 MAPLE DRIVE
City-St-Zip: DEBARY, FL 32713

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 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: JOHN K. MORRISON

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date