


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90033 017 \*\*\*158.75

**DOCUMENT # P03000116701**

1. Entity Name  
**TIMOTHY LEE STRANGE, INC.**



Principal Place of Business      Mailing Address

**1941 PLEASANT DRIVE**      **335 N. 11TH ST.**  
**NORTH PALM BEACH FL 33408**      **FLAGLER BEACH FL 32136**



2. Principal Place of Business      3. Mailing Address

*1941 Pleasant Drive*      *335 N. 11th Street*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State      4. FEI Number      Applied For

*North Palm Beach FL*      *Flagler Beach FL*      **20-0333202**       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

*33408*      *Palm Beach County*      *32136*      *Flagler County*

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**STRANGE, MELANIE SUSAN**  
**1941 PLEASANT DRIVE**  
**NORTH PALM BEACH FL 33408**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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: *MELANIE SUSAN STRANGE*      *Melanie Susan Strange*      *1-20-06*

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRANGE, MELANIE S</b>	NAME	
STREET ADDRESS	<b>1941 PLEASANT DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRANGE, TIMOTHY L</b>	NAME	
STREET ADDRESS	<b>1941 PLEASANT DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *MELANIE SUSAN STRANGE*      *Melanie Susan Strange*      *1-20-06*      *386-439-0585*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #