2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 AM DOCUMENT # P0400000324 **Secretary of State** SHOP AROUND THE CLOCK, INC. Principal Place of Business Mailing Address 130 WHITAKER RD STE A 130 WHITAKER RD STE A LUTZ, FL 33549 LUTZ, FL 33549 02102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0872224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, KENNETH DO NOT WRITE 13213 TIFTON DR TAMPA, FL 33618 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DVT NAME KHOYI, DARA STREET ADDRESS 10012 FOUNTAIN CT CITY-ST-ZIP NEW PT RICHEY, FL 346545815 U00000662461 03/21/07-80014-008 150.00 DPS TITLE NAME JONES, KENNETH A STREET ADDRESS 13213 TIFTON DR CITY-ST-ZIP TAMPA, FL 33618 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: \(\)

NAME STREET ADDRESS CITY-ST-ZIP

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/1/07

Daytime Phone #

FILED