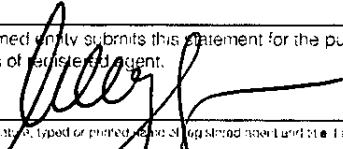
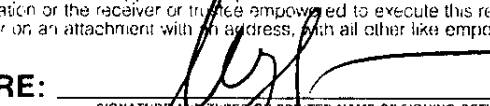


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000093555 1. Entity Name TILLYBERRY, INC.					
Principal Place of Business 2585 27TH AVENUE NORTH C/O WILLIAM D. GLYNN ST. PETERSBURG FL 33713			Mailing Address 2585 27TH AVENUE NORTH C/O WILLIAM D. GLYNN ST. PETERSBURG FL 33713		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-1281804				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLYNN, WILLIAM D 2585 27TH AVENUE NORTH ST. PETERSBURG FL 33713			7. Name and Address of New Registered Agent 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  Signature typed or printed below if registered agent is not the filer. 2/26/08 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	☐ Delete	TITLE		
NAME	GLYNN, WILLIAM D		NAME		
STREET ADDRESS	2585 27TH AVENUE NORTH		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG FL 33713		CITY- ST- ZIP		
TITLE	CFO	☐ Delete	TITLE		
NAME	GLYNN, WILLIAM D		NAME		
STREET ADDRESS	2585 27TH AVENUE NORTH		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG FL 33713		CITY- ST- ZIP		
TITLE	SECR	☐ Delete	TITLE		
NAME	GLYNN, THERESA A		NAME		
STREET ADDRESS	2585 27TH AVENUE NORTH		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG FL 33713		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/26/08 407-701-8764 Date Filing Phone #		