



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000103002			
1. Entity Name UNDER MY THUMB, INC.			
Principal Place of Business 110 W REYNOLDS ST SUITE 217 PLANT CITY, FL 33563		Mailing Address 110 W REYNOLDS ST SUITE 217 PLANT CITY, FL 33563	
DO NOT WRITE IN THIS SPACE			
		 03062008 No Chg-P CRZE034 (11/05)	
		4. FEI Number 20-1670681	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JACKSON, CHRISTINA N 5014 CALHOUN RD PLANT CITY, FL 33567		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS JACKSON, CHRISTINA N 110 W. REYNOLDS ST SUITE 217 PLANT CITY, FL 33563		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAST JACKSON, WILLIAM W 110 W REYNOLDS ST SUITE 217 PLANT CITY, FL 33563		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing 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: <u>Christina W. Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/6/06</u> Date	<u>hm. (813) 737 9721</u> <u>wk. (813) 477 7978</u> Citywide Phone #