

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

04-21-2006 90120 004 ***150.00

DOCUMENT # P04000115947

1. Entity Name
TINY MATTER, INC.



Principal Place of Business
**3837 SW 93RD TERRACE
GAINESVILLE, FL 32608**

Mailing Address
**3837 SW 93RD TERRACE
GAINESVILLE, FL 32608**

66016765



2. Principal Place of Business

SW 13TH STREET

3. Mailing Address

Suite, Apt. #, etc.
#1008

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State

Zip
32608

Country
USA

Zip

Country

04192006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1475063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUTTS, ROBERT P ESQ
FISHER BUTTS SECHREST & WARNER PA
5203 SW 91ST TERRACE SUITE D
GAINESVILLE, FL 32608**

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

Shanthan

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

05/10/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KRISHNAN, SIVAN A
3837 SW 93RD TERRACE
GAINESVILLE, FL 32608**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shanthan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/06

DATE

367-8000

DAYTIME PHONE #