2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 2007 8:00 am DOCUMENT # P05000144154 **Secretary of State** 02-20-2007 90058 009 ***150.00 TIMBUKTU ENTERPRISES, INC. Principal Place of Business Mailing Address 755 N. STATE ROAD 21 MELROSE FL 32666 755 N. STATE ROAD 21 MELROSE FL 32666 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address 342 S.E. 35#2 Suite, Apt. #, etc. SAME Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 02-0755652 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVERETT, RANDY Street Address (P.O. Box Number is Not Acceptable) 755 N. STATE ROAD 21 MELROSE FL 32666 Zip Code 8. The above named entity submitts this platement 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THE ☐ Addition EVERETT, RANDY 755 N. STATE ROAD 21 3425.8.35 # 55. STREET ADDRESS STREET ADDRESS KEYSTONE HEISTE, FC. 32656 MELROSE FL 32666 CITY-ST-ZIP CITY - SI - ZIP VS HHI ☐ Defete ☐ Addition EVERETT, MARYANNE NAME NAME 342 S.E. 35" ST. Keystone Heights, FL. 32654 755 N. STATE ROAD 21 STREET ADDRESS SUPER LADDRESS MELROSE FL 32666 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE Addition STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST ZIP TITLE Detete HILE ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-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 eath; 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.

FILED