

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90046 003 ***158.75

DOCUMENT # P05000148589 1. Entity Name TALK TIME, INC.			
Principal Place of Business 11015 THORNBERRY DR SPRING HILL, FL 34608		Mailing Address 11015 THORNBERRY DR SPRING HILL, FL 34608	
2. Principal Place of Business - No P.O. Box # 12024 U.S. Hwy A Suite, Apt. #, etc.		3. Mailing Address P.O. Box 190 Suite, Apt. #, etc.	
City & State Hudson FL Zip 34667		City & State Port Richey FL Zip 34668	
Country USA		Country USA	
4. FEI Number 20-3771046		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEJIA, FERNANDO E 11015 THORNBERRY DR SPRING HILL, FL 34608		7. Name and Address of New Registered Agent Name MEJIA, FERNANDO E Street Address (P.O. Box Number is Not Acceptable) 12024 U.S. Hwy A City Hudson FL Zip Code 34667	
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 re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, FERNANDO E 11015 THORNBERRY DR SPRING HILL, FL 34608	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 prepare 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:		Date 07/09/07 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

277-2977