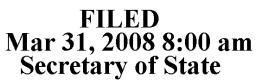
2008 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P05000156908 1. Entity Name TED THOMAS' SUCCESS CLUB, INC.							03-31-2008	-) ***150).00
Principal Place of Business 234 WILLARD STREET COCOA, FL 32922			Mailing Address 20 N ORANGE AVE SUITE 600 ORLANDO, FL 32801			1 (6 10 10 10 11		11 (F ar t ú 11/1 0 (F1/11	ATINI GOLDE FOL	(TO) (1.400)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02192008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Numb 20-386			· · · · · ·	plied For t Applicable
Zip	Country		Zip Count		try		5. Certificate of Status Desired See Required			
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name					
HENDRY STONER CALANDRINO & BROWN PA 20 N ORANGE AVE SUITE 600					Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32801									··	
					City	,		FL	Zip Code	9
	named entit lions of regist	y submits this statement fo tered agent.	or the purpose of chang	ging its register	ed office or regi	stered agent, or b	oth, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature req	tuired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						\$5.00 May Be Added to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND D	DIRECTORS	3 IN 11
TITLE	PSD3 Delete TITI				P	,5,D			⊘ Change	Addition
NAME	THOMAS, TED		NAM		E ' '	, , , ,				
STREET ADDRESS CITY-ST-ZIP		ARD STREET FL 32922			ET ADORESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM STRE					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Dolet	to TITLI NAM STRE	E				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAM STRE	1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM STRE					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM Stre	1				Change	Addition
indicated of the cor	l on this repo rporation or ti	e information supplied with rt or supplemental report is he receiver or trustee emp achment with an address.	s true and accurate and owered to execute this	d that my signa report as requi	ture shall have t	the same legal effe	ct as it made under o	ath; that I an	an officer	or director