## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000010646

City-St-Zip:

CHERRY HILL, NJ 08003

FILED Jul 21, 2007 Secretary of State

Entity Nai	me: TWO DIME	S AND A NICKEL, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4474 WST WESTON,	ON RD. #162 , FL 33331		11795 BEF COOPER	RRY DR CITY, FL 330:	26		
Current M	lailing Address:		New Maili	New Mailing Address:			
4474 WST WESTON,	ON RD. #162 , FL 33331		11795 BEF COOPER	RRY DR CITY, FL 330	26		
FEI Number:	:	FEI Number Applied For (X)	FEI Number Not App	licable ( )	Certificate of Status Desi	ired ( )	
Name and	l Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
HALL, GAI 11795 BEN COOPER		US	11795 BEF	HALL, GABRIELA 11795 BERRY DR COOPER CITY, FL 33026 US			
	named entity sul e of Florida.	bmits this statement for the p	ourpose of changing	ts registered o	office or registered agen	it, or both,	
SIGNATUR	RE:			07/21/2007			
	Electronic	Signature of Registered Age	ent		Date		
		2)(b), F.S., the corporation did no rust Fund Contribution ( ).	ot receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () D HALL, GABRIELA 11795 BERRY DR COOPER CITY, F	!	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip: Title:	VP () D RYAN, RONALD 4474 WSTON RD WESTON, FL 333 SD (X) D	#162 331	Title: Name: Address: City-St-Zip: Title:	VP (X) Change ( ) Addition RYAN, RONALD 11795 BERRY DR COOPER CITY, FL 33026			
Name:	SEIDMAN, MICHA	EL	Name:	(	) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GABRIELA HALL PRES 07/21/2007