

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000041960

Entity Name: PILL-TIMER, INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6464 NW 5TH WAY  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6464 NW 5TH WAY  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CRAIG, SCHREIBER  
5131 POINTE EMERALD LANE  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHREIBER, CRAIG  
Address: 5131 POINTE EMERALD LANE  
City-St-Zip: BOCA RATON, FL 33486

Title: S  
Name: SCHREIBER, CRAIG  
Address: 5131 POINTE EMERALD LANE  
City-St-Zip: BOCA RATON, FL 33486

I hereby 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 all other like empowered.

SIGNATURE: CRAIG SCHREIBER

PS

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date