


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90205 012 ***150.00

DOCUMENT # P06000060006			
1. Entity Name THRU HIM INC.			
Principal Place of Business 3412 CLARK ROAD SUITE 231 SARASOTA, FL 34231 US		Mailing Address 2845 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34240 US	
2. Principal Place of Business - No P.O. Box # 1223 TAMiami TRAILS		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota FLORIDA		City & State	
Zip 34239	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MOCZEK, SHAWN M 2845 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34240		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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: <i>Shawn M. Moczek</i>		President Shawn M. Moczek, President 4-30-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOCZEK, SHAWN M 2845 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.			
SIGNATURE: <i>Shawn M. Moczek</i>		President Shawn M. Moczek, President	
Signature and typed or printed name of signing officer or director		Date 4-30-07 / 3779540	

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01042007 Chg-P CR2E034 (12/06)

4. FEI Number 571236730 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required