

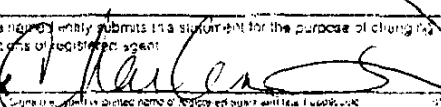
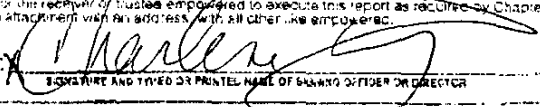
FROM : H. B. ROSS & CO.

FAX NO. : 813 779 9014

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90077 008 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000094034			
1. Entity Name TUMBLE TYME, INC.			
Principal Place of Business 9393 98TH AVENUE SEMINOLE, FL 33777		Mailing Address 9393 98TH AVENUE SEMINOLE, FL 33777	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5296474		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWSON, CHARLENE 9393 98TH AVENUE SEMINOLE FL 33777		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 		DATE 6-30-07	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Select a Change in Financing Trust Fund Contribution ☐ \$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-STATE-ZIP	P LAWSON, CHARLENE 9393 98TH AVENUE SEMINOLE FL 33777	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 a "true and correct" statement of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes and that my name appears in Block "D" or Block "E" if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE 		DATE 6/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		727479-7558	

40124343



07032007 Cng-F CR2E034 (12/06)