

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90194 021 ***150.00

DOCUMENT # P06000148100					
1. Entity Name TIMOTHY C. GREENE INC.					
Principal Place of Business 1318 BAYVIEW DRIVE FORT LAUDERDALE, FL 33304			Mailing Address C/O COMPUKEEPER INC. 2298 NW 2ND AV STE 20 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 65 Castle Harbor Isle			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ft. Lauderdale, FL			City & State		
Zip 33308		Country U.S.A.		4. FEI Number 20-5909350	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GREENE, TIMOTHY 1318 BAYVIEW DRIVE FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name: Timothy Greene Street Address (P.O. Box Number is Not Acceptable): 65 Castle Harbor Isle City: Ft. Lauderdale, FL Zip Code: 33308	
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: Timothy Greene, Pr <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENE, TIMOTHY 1318 BAY VIEW DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Timothy Greene 65 Castle Harbor Isle Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 Timothy Greene, Pr <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/11/08 Daytime Phone #: 954-594-2290		