2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000023466

City-St-Zip:

Entity Name: TUESDAY THURSDAY, INC

FILED Jun 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1110 S W BLUE STEM WAY STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 1110 S W BLUE STEM WAY STUART, FL 34997 FEI Number: 20-8485609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TIM, GARRETTSON BRIANNE, GARRETTSON 1110 S W BLUE STEM WAY 1110 S W BLUE STEM WAY STUART, FL 34997 STUART, FL 34997 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: BRIANNE GARRETTSON 06/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GARRETTSON, JOANMARIE E Name: Name: 1110 S W BLUE STEM WAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: VΡ Title: (X) Change () Addition () Delete JOANMARIE, GARRETTSON Name: TIM. GARRETTSON Name: 1110 S W BLUE STEM WAY 1110 S W BLUE STEM WAY Address: Address: STUART, FL 34997 STUART, FL 34997 City-St-Zip: City-St-Zip: Title: () Delete Title: SEC () Change (X) Addition BRIANNE, GARRETTSON Name: Name: 1110 S W BLUE STEM WAY Address: Address: City-St-Zip: City-St-Zip: STUART, FL 34997 Title: () Delete Title: () Change (X) Addition JOANMARIE, GARRETTSON Name: Name: Address: Address: 1110 S W BLUE STEM WAY

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:

STUART, FL 34997

SIGNATURE: JOANMARIE GARRETTSON PRES 06/04/2009