

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000056361

1. Entity Name

TREASURES OF THE PAST, INC.



**FILED
May 06, 2008 8:00 am
Secretary of State**

05-06-2008 90029 022 ***150.00

Principal Place of Business

16839 TYRONE SQUARE MALL
ST. PETERSBURG, FL 33710

Mailing Address

16839 TYRONE SQUARE MALL
ST. PETERSBURG, FL 33710

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THOMAS, ASMA
1415 54TH AVENUE N
ST. PETERSBURG, FL 33703

Name

Street Address (P O. Box Number is Not Acceptable)

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

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, 2008 Fee will be \$550.00**

9. Election Campaign 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 D
NAME THOMAS, ASMA
STREET ADDRESS 1415 54TH AVENUE N
CITY-ST-ZIP ST. PETERSBURG, FL 33703

Delete

TITLE

Change

Addition

TITLE D
NAME THOMAS, KADIJAH
STREET ADDRESS 1415 54TH AVENUE N
CITY-ST-ZIP ST. PETERSBURG, FL 33703

Delete

TITLE

Change

Addition

TITLE D
NAME THOMAS, JOHN R
STREET ADDRESS 1415 54TH AVENUE N
CITY-ST-ZIP ST. PETERSBURG, FL 33703

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

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 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:

Asma Thomas
ASMA THOMAS

Pres.

3/21/08

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR