2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079358

Entity Name: 10 TILL 9 CITI CLOWNZ, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

617 HOLYOKE CT., APT. A 2728 LAKE MARY STREET TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

617 HOLYOKE CT., APT. A P.O. BOX 15108

TALLAHASSEE, FL 32301 TALLAHASSEE, FL 323175108

FEI Number: 30-0465626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, DERRICK O
3017 WAHNISH WAY
TALLAHASSEE, FL 32305 US
WILLIAMS, DERRICK O
2728 LAKE MARY STREET
TALLAHASSEE, FL 32301 US

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: DERRICK O.WILLIAMS 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFOP () Delete Title: (X) Change () Addition WILLIAMS, DERRICK O WILLIAMS, DERRICK O Name: Name: 1811 DAX COURT Address: 2728 LAKE MARY STREET Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete Title: S (X) Change () Addition

 Name:
 HALL, EBONI S
 Name:
 HALL, EBONY S

 Address:
 1811 DAX COURT
 Address:
 1811 DAX COURT

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:
 TALLAHASSEE, FL 32304

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.

SIGNATURE: DERRICK O. WILLIAMS PTO 05/01/2009