## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000007213

Entity Name: TINY HANDS TOO, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	ss:
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1349 YATES STREET 1961 ROYALVIEW DR.

PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33948

Current Mailing Address: New Mailing Address:

1349 YATES STREET 17491 SHIRLEY AVE

PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33948

FEI Number: 26-1799159 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:

KNISLEY, CHRISTINE R
1349 YATES STREET
KNISLEY, CHRISTINE R
17491 SHIRLEY AVE

PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33948 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: 04/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: KINISLEY, THOMAS L
Address: 1349 YATES STREET Address: 17491 SHIRLEY AVE

Address: 1349 YATES STREET Address: 17491 SHIRLEY AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33948

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

Name: KINISLEY, CHRISTINE R Name: KINISLEY, CHRISTINE R Address: 1349 YATES STREET Address: 17491 SHIRLEY AVE

City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33948

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: CHRISTENE KNISLEY D 04/24/2009

Electronic Signature of Signing Officer or Director

Date