

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027997

Entity Name: TIMOTHY MEADOWS INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

4472 DIKE RD.
WINTER PARK, FL 32792 US

New Principal Place of Business:

214 MORTON LANE
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

4472 DIKE RD.
WINTER PARK, FL 32792 US

New Mailing Address:

214 MORTON LANE
WINTER SPRINGS, FL 32708 US

FEI Number: 26-2448394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, TIMOTHY D
214 MORTON LANE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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: _____

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:

Title: P () Delete
Name: MEADOWS, TIMOTHY D
Address: 4472 DIKE RD.
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEADOWS, TIMOTHY D
Address: 214 MORTON LANE
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: TIMOTHY D MEADOWS

P

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date