

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086611

Entity Name: TIM THUMB, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

6487 BAY CLUB DRIVE
APT. # 2
FT. LAUDERDALE, FL 33308 US

New Principal Place of Business:

2790 NW 29 PLACE
FT. LAUDERDALE, FL 33311 US

Current Mailing Address:

6487 BAY CLUB DRIVE
APT. # 2
FT. LAUDERDALE, FL 33308 US

New Mailing Address:

2790 NW 29 PLACE
FT. LAUDERDALE, FL 33311 US

FEI Number: 26-3398910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAJOIE, TIM
6487 BAY CLUB DRIVE
APT. # 2
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

LAJOIE, TIM
2790 NW 29 PLACE
FT. LAUDERDALE, FL 33311 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: TIM LAJOIE

02/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAJOIE, TIM
Address: 6487 BAY CLUB DRIVE, APT. # 2
City-St-Zip: FT. LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAJOIE, TIM
Address: 2790 NW 29 PLACE
City-St-Zip: FT. LAUDERDALE, FL 33311 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: TIM LAJOIE

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date