

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056241

FILED
Apr 15, 2009
Secretary of State

Entity Name: TATTOO ZOO INCORPORATED

Current Principal Place of Business:

1960 MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

196D MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548

Current Mailing Address:

36 MAPLES AVE
FORT WALTON BEACH, FL 32547

New Mailing Address:

36 MAPLES AVE
FORT WALTON BEACH, FL 32548

FEI Number: 59-3198478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, JOHN
912 S. PALM BLVD #E
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

GRIFFIN WOLFE, BETTY
36 MAPLES AVE
FORT WALTON BEACH, FL 32548 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: BETTY GRIFFIN WOLFE

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: GRIFFIN WOLF, BETTY
Address: 36 MAPLES ST
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPT () Delete
Name: WOLFE, JAMES
Address: 36 MAPLES ST
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: GRIFFIN WOLFE, BETTY
Address: 36 MAPLES ST
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETTY GRIFFIN WOLFE

PS

04/15/2009

Electronic Signature of Signing Officer or Director

Date