


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000070761 1. Entity Name TIME IN MOTION, INC.																																																																																																																													
Principal Place of Business 605 BELVEDERE ROAD SUITE 12 WEST PALM BEACH FL 33405			Mailing Address 605 BELVEDERE ROAD #2 WEST PALM BEACH FL 33405																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 65-0444953																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent WORDEN, C TERRY 605 BELVEDERE ROAD, #2 WEST PALM BEACH FL 33405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> </div>																																																																																																																													
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WORDEN, C TERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 BELVEDERE ROAD, SUITE #2</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST PALM BEACH FL 33405</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PARKER, MARILYN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 BELVEDERE ROAD, SUITE #2</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST PALM BEACH FL 33405</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">U000000519333</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>05/02/06-80051-001 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	WORDEN, C TERRY		STREET ADDRESS	605 BELVEDERE ROAD, SUITE #2		CITY - ST - ZIP	WEST PALM BEACH FL 33405		TITLE	V	<input type="checkbox"/> Delete	NAME	PARKER, MARILYN E		STREET ADDRESS	605 BELVEDERE ROAD, SUITE #2		CITY - ST - ZIP	WEST PALM BEACH FL 33405		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	U000000519333	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP	05/02/06-80051-001 150.00		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																																											
NAME	WORDEN, C TERRY																																																																																																																												
STREET ADDRESS	605 BELVEDERE ROAD, SUITE #2																																																																																																																												
CITY - ST - ZIP	WEST PALM BEACH FL 33405																																																																																																																												
TITLE	V	<input type="checkbox"/> Delete																																																																																																																											
NAME	PARKER, MARILYN E																																																																																																																												
STREET ADDRESS	605 BELVEDERE ROAD, SUITE #2																																																																																																																												
CITY - ST - ZIP	WEST PALM BEACH FL 33405																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE	U000000519333	<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP	05/02/06-80051-001 150.00																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: C. Terry Worden, pres. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>C. Terry Worden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> 541.659.1864 7.16.6. <small>Daytime Phone #</small> </div> </div>																																																																																																																													

