

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/13

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90172 012 \*\*\*150.00

<b>DOCUMENT # P95000091731</b>					
<b>1. Entity Name</b> TIM'S CAFE, INC.					
<b>Principal Place of Business</b> 10903 LITHIA PINECREST LITHIA, FL 33547			<b>Mailing Address</b> 10903 LITHIA PINECREST LITHIA, FL 33547		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3350743	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TSOULOS, EFTHIMIOS 3316 KEYSVILLE RD LITHIA, FL 33547			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	D TSOULOS, EFTHIMIOS 3316 KEYSVILLE RD LITHIA, FL 33547	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> EFTHIMIOS TSOULOS		4-7-07		813 737 4026	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

*EFTHIMIOS TSOULOS*