


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90414 029 ***150.00

DOCUMENT # P95000092960	
1. Entity Name TYMES-UP, INC.	

Principal Place of Business 17038 W. DIXIE HWY. #101 NORTH MIAMI BEACH, FL 33160	Mailing Address 17038 W. DIXIE HWY. #101 NORTH MIAMI BEACH, FL 33160 1036 NE 203rd Lane N. Miami FL 33179
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2. Principal Place of Business - No P.O. Box # 1036 NE 203rd Lane	3. Mailing Address 1036 NE 203rd Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N Miami	City & State N Miami, FL
Zip 33179	Country U.S.

40000000



04242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent COLLETTI, LOUIS 17038 W. DIXIE HWY., #101 NORTH MIAMI BEACH, FL 33160	
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7. Name and Address of New Registered Agent Name Colletti, Louis Street Address (P.O. Box Number is Not Acceptable) 1036 NE 203rd Lane City N Miami FL Zip Code 33179	
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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 <u>Louis Colletti</u> DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME COLLETTI, LOUIS STREET ADDRESS 17038 W DIXIE HWY (#101) CITY-ST-ZIP NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE Colletti Louis NAME STREET ADDRESS 1036 NE 203rd Lane CITY-ST-ZIP N. Miami FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. SIGNATURE: <u>Louis Colletti</u> DATE <u>4/20/07</u> 305 794-0757 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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