

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047908

FILED
Apr 29, 2005
Secretary of State

Entity Name: TIMELESS TALES THEATRE, INC.

Current Principal Place of Business:

301 BELCHER RD N #1703
LARGO, FL 33771 US

New Principal Place of Business:

19807 GULF BLVD.
#126
INDIAN SHORES, FL 33785 US

Current Mailing Address:

301 BELCHER RD N #1703
LARGO, FL 33771 US

New Mailing Address:

19807 GULF BLVD.
#126
INDIAN SHORES, FL 33785 US

FEI Number: 59-3386716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASIK, TINA M
301 BELCHER ROAD NORTH #1703
LARGO, FL 33771 US

Name and Address of New Registered Agent:

TOMASIK, TINA M
19807 GULF BLVD.
#126
INDIAN SHORES, FL 33785 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOMASIK, TINA M
Address: 301 BELCHER RD N #1703
City-St-Zip: LARGO, FL 33771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOMASIK, TINA M
Address: 19807 GULF BLVD. #126
City-St-Zip: INDIAN SHORES, FL 33785 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TINA M TOMASIK

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date