2008 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Apr 17, 2008 08:00 Al Secretary of State DOCUMENT # P97000076500 1. Entity Name ALICE TIETJEN, INC. Principal Place of Business Mailing Address 4720 SOUTHBREEZE DR 4720 SOUTHBREEZE DR TAMPA, FL 33624 TAMPA, FL 33624 CR2E034 (11/05) 02222008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3466947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIETJEN, ALICE DO NOT WRITE 4720 SOUTHBREEZE DR TAMPA, FL 33624 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. U00000992995 After May 1, 2008 Fee will be \$550.00 Added to Fees 04/30/08-80028-016 10. OFFICERS AND DIRECTORS **PVST** TITLE NAME TIETJEN, ALICE 4720 SOUTHBREEZE DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624 TITLE TIETJEN, ALICE NAME 4720 SOUTHBREEZE OR STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33624** TITLE NAME

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP

Celice Withen

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4/15/08

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