## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000009131

1. Entity Name

ISLAND TIME TIKI, INC.



FILED Mar 16, 2007 08:00 A Secretary of State

Principal Place of Business

633 SEBASTIAN BLVD SUITE C & D SEBASTIAN, FL 32958 Mailing Address

633 SEBASTIAN BLVD SUITE C & D SEBASTIAN, FL 32958

## DO NOT WRITE IN THIS SPACE

01272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3497779

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, JEFFREY 633 SEBASTIAN BLVD SUITE C & D SEBASTIAN, FL 32958

## DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Register	ed Agent signature	required when reinstating)		DATE	<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May B Added to Fees		\$5.00 May Be Added to Fees	U00000669703 03/27/07-80079-020 150.00		150.00
10.	OFFICERS AND DIREC	TORS			·	, ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, JEFFERY 633 SEBASTIAN BLVD SUITE C & D SEBASTIAN, FL 32958				• :	•	
TITLE NAME STREET ADORESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS S	PACE	
TITLE NAME					•		

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

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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/12/05

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