

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90182 005 \*\*\*150.00

<b>DOCUMENT # P98000048786</b>					
<b>1. Entity Name</b> TIMELESS ENTERPRISES INC.					
<b>Principal Place of Business</b> 3500 N. STATE RD 7., #290 FORT LAUDERDALE, FL 33319			<b>Mailing Address</b> 3500 N. STATE RD 7., #290 FORT LAUDERDALE, FL 33319		
<b>2. Principal Place of Business</b> 2880 W. Oakland Park Blvd. Suite, Apt. #, etc. 105 City & State Fort Lauderdale, FL Zip 33311 Country U.S.		<b>3. Mailing Address</b> 2880 W. Oakland Park Blvd. Suite, Apt. #, etc. 105 City & State Fort Lauderdale, FL Zip 33311 Country U.S.			
<b>4. FEI Number</b> 65-0845049				Applied For <input type="checkbox"/> Not Applicable	
<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> HUNTER, DWETTA 3500 N. STATE RD 7., #290 FORT LAUDERDALE, FL 33319			<b>7. Name and Address of New Registered Agent</b> Name Dwetta Hunter Street Address (P.O. Box Number is Not Acceptable) 2880 W. Oakland Park Blvd Suite #105 City Fort Lauderdale FL Zip Code 33311		
<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  Dwetta Hunter DATE 5-1-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>		
TITLE PS NAME HUNTER, DWETTA STREET ADDRESS 3500 N STATE ROAD 7, #290 CITY-ST-ZIP FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> Dwetta Hunter			Date 5-1-2006 Daytime Phone # (954) 735-7014 (954) 423-4613		