

2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jul 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000058323 1. Entity Name ALTIME ENTERPRISES, INC.	
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Principal Place of Business 927 SOUTH GOLDWYN AVENUE 111 ORLANDO, FL 32805 US	Mailing Address 1438 MARBLE CREST WAY WINTER GARDEN, FL 34787 US
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07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3523432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PIERCE & ASSOCIATES, P.L. 800 NORTH FERNCREEK AVENUE ORLANDO, FL 32803	
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DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating)

U00000955283
07/16/08-80018-003 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEASAH, SETH 927 SOUTH GOLDWYN AVENUE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEASAH-OPONG, AUGUSTINA 927 SOUTH GOLDWYN AVENUE ORLANDO, FL 32805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Augustina Peasah 7/12/2008 407-721-7486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #