2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -5 AM 8:14

DOCUMENT # P99000036070

1. Entity Name
THE TREASURE WITHIN, INC.

Principal Place of Business	Mailing Address
4630 LIPSCOMB ST., NE SUITE 1 PALM BAY FL 32905	P.O. BOX 511 MIMS FL 32754

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
4630 Lipscomb St. NE		P.O. Box 511	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc.	
City & State Palm Bay Fl		City & State Mims Fl	
Zip 32905	Country Brevard	Zip 32754	Country Brevard

4. FEI Number 59-3582240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOUCHTON, SHERYL
P.O. BOX 511
MIMS FL 32754

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4630 LIPSCOMB ST. N.E.
STE 1

City PALM BAY FL Zip Code 32905

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TOUCHTON, SHERYL		NAME		
STREET ADDRESS	P.O. BOX 511		STREET ADDRESS		
CITY-ST-ZIP	MIMS FL 32754		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TOUCHTON, DEXTER		NAME		
STREET ADDRESS	P.O. BOX 511		STREET ADDRESS		
CITY-ST-ZIP	MIMS FL 32754		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dexter Touchton 4-26-06 321-267-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #