2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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P99000036070
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
4630 LIPSCOMB ST., NE
SUITE 1
PALM BAY FL 32905

Mailing Address
P.O. BOX 511
MIMS FL 32754

1st MOORE CR2E034 (10/05)

2. Principal Place of Business: 4630 Lipscomb ST. NE
Suite, Apt. #, etc.: Suite 1
City & State: Palm Bay, Fl
Zip: 32905 Country: Brevard

3. Mailing Address: P.O. Box 511
Suite, Apt. #, etc.:
City & State: Mims, Fl
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 nominating) 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	
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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 Dexter Touchton 4-26-06 321-267-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #