## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT									near F	11.15.11		
DOCUMENT # P99000061021  1. Entity Name TILLIE ENTERPRISES, INC.									SECKETA DIVISION OF 10 OCT 1:	(RY <b>0</b> F ) (1982)	PATHURS	
Principal Place	e of Busines	s	• Mailin	Mailing Address								
1082 RED D				1082 RED DANDY DR								
ORLANDO, FI	L 32818		ORL/	ORLANDO, FL 32818								
		ness - No P.O. Box #		3. Mailing Address								
Suite, Apt,				Suite, Apt. #, etc.  City & State			<u>-</u>	09162010	Chg-P	CR2E	034 (11/08)	plied For
Zip Country				Zip Country			<u>-</u>	59-3578	3511	<del></del>	<u> </u>	t Applicable
210	Courting			Lip Country				5. Certificate of	of Status Desired		Fee Required	
6. Name and Address of Current Registered Agent								7. Name and	Address of New F	Registered	Agent	
TULE FORDE						Name						
TILLIE, FREDDIE L 1082 RED DANDY DR ORLANDO, FL 32818				Street Addres			dress (F	P.O. Box Numbe	r is Not Acceptable	B)		
						City	•			FL	Zip Code	э
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 account the obligations of registered agent.												and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaking)  OATE												<del></del>
FILE NOWIII FEE IS \$550.00  Due by September 24, 2010  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AN	ID DIRECTO	PRS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	DIRECTORS	3 IN 11
TITLE	D	:					☐ Change	Addition				
NAME	TILLIE, FI	E										
STREET ADDRESS CITY-ST-ZIP	ľ	D DANDY DR.			ET ADDRESS -ST-ZIP							
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CITY-ST-ZIP					CITY	-ST-ZIP						
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CITY-ST-ZIP	<u></u>				CITY	-ST-ZIP			<del></del>			
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NAME	ļ				NAM	_		1.5	12/10			
STREET ADDRESS CITY-ST-ZIP					CITY	ET ADDRESS 4		J- 101	17/10			
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: 2 Freddie L Tillie												
		SIGNATURE AND TYPED O	R PRINTED NAI	ME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daytime Phone #	