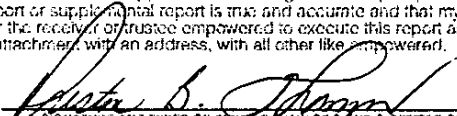


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90012 031 ***150.00

DOCUMENT # P99000078471					
1. Entity Name TIDE AND TIGER, INC.					
Principal Place of Business 2215 BUENA VISTA DR CLEARWATER, FL 33764			Mailing Address 2215 BUENA VISTA DR CLEARWATER, FL 33764		
2. Principal Place of Business 9360 FOX HOLLOW LANE Suite, Apt. #, etc.		3. Mailing Address 9360 FOX HOLLOW LANE Suite, Apt. #, etc.			
City & State WEEKI WACHEE, FL		City & State WEEKI WACHEE, FL		4. FEI Number 59-3593676	
Zip 34613		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, PRESTON 2215 BUENA VISTA DR CLEARWATER, FL 33764			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 9360 FOX HOLLOW LANE		
			City WEEKI WACHEE FL Zip Code 34613		
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 revoking)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (in 11)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PRESTON 2215 BUENA VISTA DR CLEARWATER, FL 33764 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9360 FOX HOLLOW LANE WEEKI WACHEE, FL, 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, JULY 2215 BUENA VISTA DR CLEARWATER, FL 33764 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9360 FOX HOLLOW LANE WEEKI WACHEE, FL, 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 667, 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: 			3-30-05 352-599-0884		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Expiration Period *		