

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S80317

Entity Name: TUBBY, INC.

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8930 STATE ROAD 84  
# 178  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

9322 ARBORWOOD CIRCLE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 59-3098198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALERMO, MARGARET V  
9322 ARBORWOOD CIR  
DAVIE, FL 33328      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: PALERMO, MARGARET  
Address: 9322 ARBORWOOD CIR  
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete  
Name: PALERMO, ANTHONY  
Address: 6646 SW 59 STREET  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET PALERMO

VP

01/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date