
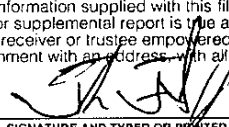


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90036 009 ***158.75

| | | | |
|---|--|--|--|
| DOCUMENT # F94000006080 | |  | |
| 1. Entity Name TOMMARK, INC. | | | |
| Principal Place of Business 49 CHURCH ST WHITINSVILLE, MA 01588 | | Mailing Address 49 CHURCH ST WHITINSVILLE, MA, 01588 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 01252007 | | Chg-P CR2E034 (12/06) | |
| 4. FEI Number 04-3130311 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HAWKINS, PHILLIP 1881 N.E.26 STREET SUITE 220 (B6) FORT LAUDERDALE, FL 33305 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, THOMAS F JR 370 DILLON LN SWANSEA, MA 02777 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEICHELBECK, JOSEPH R 44 FAY MOUNTAIN ROAD GRAFTON, MA 01519 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD REDDING, KENNETH J 442 BLACKSTONE STREET - P.O. BOX 392 UXBRIDGE, MA 01569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DAY, KEVIN R 17 MONZA RD NASHUA, NH 03060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CLARKE, ROBERT B JR 7 QUAKER LANE - P.O. BOX 262 WHITINSVILLE, MA 01588 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CLARKE, ROBERT B JR 7 QUAKER LANE NORTHBRIDGE, MA 01534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KROLL, MICHAEL J 22 OAK ST UXBRIDGE, MA 01569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WICKSTROM, TIMOTHY P 246 HILL STREET WHITINSVILLE, MA 01588 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Thomas F. Smith Jr., Pres 1/25/07 800-286-8073 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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