

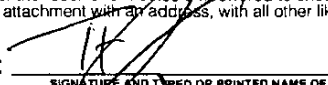
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90028 021 ***158.75

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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	
02192008 Chg-P CR2E034 (12/06)				4. FEI Number 04-3130311	
				Applied For Not Applicable	
5. Certificate of Status Desired <input 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P	<input type="checkbox"/> Delete		TITLE	D
NAME	SMITH, THOMAS F JR			NAME	MEICHELBECK, JOSEPH R
STREET ADDRESS	370 DILLON LN			STREET ADDRESS	44 FAY MOUNTAIN ROAD
CITY - ST - ZIP	SWANSEA, MA 02777			CITY - ST - ZIP	GRAFTON, MA 01519
TITLE	CEOD	<input type="checkbox"/> Delete		TITLE	
NAME	REDDING, KENNETH J			NAME	
STREET ADDRESS	442 BLACKSTONE STREET - P.O. BOX 392			STREET ADDRESS	
CITY - ST - ZIP	UXBRIDGE, MA 01569			CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	
NAME	DAY, KEVIN R			NAME	
STREET ADDRESS	17 MONZA RD			STREET ADDRESS	
CITY - ST - ZIP	NASHUA, NH 03060			CITY - ST - ZIP	
TITLE	CD	<input type="checkbox"/> Delete		TITLE	
NAME	CLARKE, ROBERT B JR			NAME	
STREET ADDRESS	7 QUAKER LANE - P.O. BOX 262			STREET ADDRESS	
CITY - ST - ZIP	NORTHBRIDGE, MA 01534			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	KROLL, MICHAEL J			NAME	
STREET ADDRESS	22 OAK ST			STREET ADDRESS	
CITY - ST - ZIP	UXBRIDGE, MA 01569			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	WICKSTROM, TIMOTHY P			NAME	
STREET ADDRESS	246 HILL STREET			STREET ADDRESS	
CITY - ST - ZIP	WHITINSVILLE, MA 01588			CITY - ST - ZIP	
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 my address, with all other like empowered.					
SIGNATURE: 			Thomas F. Smith Jr.		2/22/08 800 286-8073
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>