




2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-29-2008 90016 028 ***150.00

DOCUMENT # P00000108947 1. Entity Name TCE TECHNOLOGIES, INC.					
Principal Place of Business 625 NW 16 AVE MIAMI, FL 33125			Mailing Address 625 NW 16 AVE MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">40035497</div>  02212008 Chg-P CR2E034 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1082650	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HENDRICKS, RORERT A 310 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Elder & Lewis, P.A. Street Address (P.O. Box Number is Not Acceptable) Bayview Executive Plaza 3225 Aviation Avenue, Suite 301 City Coconut Grove FL Zip Code 33133		
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 <u>Kerry H. Lewis, Esq.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/22/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY - ST - ZIP	PD BORDEN, JONATHAN R 625 NW 16 AVENUE MIAMI, FL 33125	<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	SD BORDEN, DILLARD R III 625 NW 16 AVENUE MIAMI, FL 33125	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jonathan R. Borden Date <u>2/22/08</u> Daytime Phone # <u>305-642-7822</u>		