


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90458 031 ***158.75

DOCUMENT # P0200088261

1. Entity Name
TML LOGISTICS, INC.



Principal Place of Business
**150 W STATE RD 546
 LAKE HAMILTON, FL 33845**

Mailing Address
**P O BOX 1477
 HAINES CITY, FL 33845**

50015594



2. Principal Place of Business
150 Kokomo RD
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04142006 Chg-P CR2E034 (11/05)

City & State
LAKE HAMILTON FL

City & State

4. FEI Number
82-0559801

Applied For
 Not Applicable

Zip
33851

Country

Zip
 Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PEARCE, PATTY
 150 W STATE RD 546
 LAKE HAMILTON, FL 33851**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
150 KOKOMO RD

City **LAKE HAMILTON** FL Zip Code **33851**

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V DIRECTOR	<input type="checkbox"/> Delete
NAME MULLEN, KIMBERLY	
STREET ADDRESS 56 SKIDMORE RD	
CITY-ST-ZIP WINTER HAVEN, FL 33884	
TITLE ST PRES	<input type="checkbox"/> Delete
NAME PEARCE, PATTY	
STREET ADDRESS 273 RUBY LAKE LANE	
CITY-ST-ZIP WINTER HAVEN, FL 33884	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an address, with all other like empowered.

SIGNATURE: *Patty Pearce* **4/14/06** **963-439-7691**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #