~2006 FOR PROFIT CORPORATION

Jan 13, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000109569 1. Entity Name T.I. HOLDINGS, INC. Principal Place of Business Mailing Address 2091 OCEANVIEW DR 2091 OCEANVIEW DR TIERRA VERDE, FL 33715 TIERRA VERDE, FL 33715 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 16-1633321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BAKER, STEPHEN A ESQ DO NOT WRITE 6675 13TH AVE N, STE 2C ST PETERSBURG, FL 33710 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GAFFNEY, THOMAS F 2091 OCEANVIEW DR STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 TITLE NAME U00000385774 01/18/06-80029-018 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-21P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-21P

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGN C OFFICER OF DIRECTOR

FILED