

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115235

Entity Name: TYMOR INVESTMENTS, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

5155 S.W. 192ND TERRACE
SOUTHWEST RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

5155 S.W. 192ND TERRACE
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 26-0072955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, GEORGE
5155 S.W. 192ND TERRACE
SOUTHWEST RANCHES, FL 33332 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: ERNST, TY
Address: 2270 NW 139TH AVE.
City-St-Zip: SUNRISE, FL 33323

Title: STD () Delete
Name: MORRIS, GEORGE
Address: 12555 ORANGE DR. #115
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MORRIS, GEORGE
Address: 5155 SW 192TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE MORRIS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date