

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90005 004 \*\*\*150.00

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| <b>DOCUMENT # V56973</b><br>1. Entity Name<br><b>T.I.C. GROUP INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |  |
| Principal Place of Business<br><b>6420 BENJAMIN ROAD<br/>SUITE 3<br/>TAMPA, FL 33634</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mailing Address<br><b>6420 BENJAMIN ROAD<br/>SUITE 3<br/>TAMPA, FL 33634</b> |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>ROBERSON, RICHARD<br/>6420 BENJAMIN ROAD<br/>SUITE 3<br/>TAMPA, FL 33634</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                   |
| 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.<br><br>SIGNATURE: <u><i>Richard Roberson</i></u> <b>Richard Roberson President 01-30-06</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                   |
| TITLE<br>P<br>NAME<br>ROBERSON, RICHARD<br>STREET ADDRESS<br>6420 BENJAMIN ROAD, STE. 3<br>CITY - ST - ZIP<br>TAMPA, FL 33634                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DO NOT WRITE IN THIS SPACE</b>                                            |                                                                                   |
| TITLE<br>DT<br>NAME<br>ROBERSON, JACQUELINE<br>STREET ADDRESS<br>6420 BENJAMIN ROAD, STE. 3<br>CITY - ST - ZIP<br>TAMPA, FL 33634                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                   |
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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.<br><br>SIGNATURE: <u><i>Richard Roberson</i></u> <b>Richard Roberson President 01-28-06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |                                                                              |                                                                                   |

813-884-4399