2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007
Secretary of State

DOCUMENT# N06000002622

Entity Name: THOMPKINS/TOMPKINS FAMILY REUNION, INC.

Current Principal Place of Business:

780 N. E. 199TH STREET
E-102
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

780 N. E. 199TH STREET
E-102
MIAMI, FL 33179

New Mailing Address:

FEI Number: 51-0551487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEWBERRY, DONNA ESQUIRE
3870 NW 67TH WAY
LAUDERHILL, FL 33319 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMPKINS, WILLIE J
Address: 780 NE 199TH STREET, E-102
City-St-Zip: MIAMI, FL 33179

Title: S/D ( ) Delete
Name: RACHELLE THOMPKINS S, URRANCY
Address: 12775 SW 204TH LANE
City-St-Zip: MIAMI, FL 33177

Title: TD ( ) Delete
Name: THOMPKINS, STANLEY
Address: 14452 SW 104TH PLACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/D (X) Change ( ) Addition
Name: SURRANCY, RACHELLE T MRS.
Address: 12775 SW 204TH LANE
City-St-Zip: MIAMI, FL 33177

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY THOMPKINS TD 05/16/2007

Electronic Signature of Signing Officer or Director — Date