2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of Stat		
1. Entity Nam	MENT #321159 TOR-GUNNELL, INC.				·	
DERECK	TOR-GONNELL, INC.					
	e of Business	Mailing Address				
775 TAYLOR Dania, FL 3		775 TAYLOR LANE Dania, Fl. 33004 US				
हाराना, महास्कृ	ZAMMON AT PROMETASSES AT STANDARDS	The Control of the Co	Someth the sales for a substitution			
	O NOT WRITE	E IN THIS SPA	CE	04232008 No Chg	-P CR2E034 (11/05) Applied For	
				59-1225610	Not Applicable \$8.75 Additional	
				5. Certificate of Status De	sired Fee Required	
	6. Name and Address of Current	Registered Agent				
SMITH, LAWRENCE 775 TAYLOR LANE			DO NOT	WRITE		
DANIA, FL	_ 33004			IN THIS	SPACE	
	e named entity submits this statement for	or the purpose of changing its regist	ered office or register	red agent, or both, in the Stat	e of Florida. I am familiar with, and accept	
SIGNATURE.	,				· · · · · · · · · · · · · · · · · · ·	
BIGNATORE	Signature, typed or printed name of reglatered agent	t and title it applicable. (NOTE: Regist	ered Agent signature required	i when reinstaling)	DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	Selection Campaign Fir Trust Fund Contribution		.00 May Be led to Fees		
10.	OFFICERS AND	DIRECTORS	与内域的		9000326315 9017150100	
TITLE NAME	PSD DERECKTOR, ERIC P					
STREET ADDRESS CITY-ST-ZIP	311 E. BOSTON POST ROAD MAMARONECK, NY					
TITLE	TD TD					
NAME STREET ADDRESS	DERECKTOR, THOMAS E 994 JEFFERSON ST.		in the second			
CITY-ST-ZIP	FALL RIVER, MA 02721					
TITLE NAME						
STREET ADDRESS				DO NOT	WRITE	
CITY-ST-ZIP	<u> </u>			- 4. (a) 5. (c) 2. (c) 2. (d) 4. (d) 4. (d) 3. (d) 5. (d) 1. (d) 1. (d) 1. (d) 1.	医水溶液性 化二甲磺胺 医多氯甲酚甲基乙基磺胺磺胺基甲酚磺基基乙酯 化二氯苯基磺酸	
HAME	,				SPACE	
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP]	·	- (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
TITLE	T		3,500, 7, 6	The State of Manager and Company of the Company of	2년 인명한 등 2일부 시는 이 대한 1000mm 1년 전략 400mm 1년 전략 시작 1000mm 1 학교회 1	

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:

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(24/08

914-698-5020