2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 558092

Entity Name: T. TECHMAN INC.

Current Principal Place of Business:

7435 CR 48
PO BOX 101
YALAHA, FL 34797 US

New Principal Place of Business:

7435 CR 48
YALAHA, FL 34797 US

Current Mailing Address:

PO BOX 101
YALAHA, FL 34797 US

New Mailing Address:

P. O. BOX 101
YALAHA, FL 34797 US

FEI Number: 59-1788018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TECHMAN, THOMAS M
7435 CR 48 COUNTY ROAD
PO BOX 101
YALAHA, FL 34797 US

Name and Address of New Registered Agent:

TECHMAN, THOMAS M
7435 COUNTY ROAD 48
YALAHA, FL 34797 US

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: 03/20/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TECHMAN, THOMAS M,
Address: 7435 CR 48 (PO BOX 101)
City-St-Zip: YALAHA, FL 34797

Title: SD ( ) Delete
Name: TECHMAN, JAY M
Address: 7435 CR 48 (PO BOX 101)
City-St-Zip: YALAHA, FL 34797

Title: T ( ) Delete
Name: TECHMAN, DIANNE M
Address: 7435 CR 48
City-St-Zip: YALAHA, FL 34797

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TECHMAN, THOMAS M,
Address: 7435 CR 48
City-St-Zip: YALAHA, FL 34797

Title: SD (X) Change ( ) Addition
Name: TECHMAN, JAY M
Address: 7435 CR 48
City-St-Zip: YALAHA, FL 34797

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

SIGNATURE: DIANNE TECHMAN T 03/20/2009
Electronic Signature of Signing Officer or Director — Date