



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 667645</b> 1. Entity Name <b>TECH-M COMPANY</b>			
Principal Place of Business <b>1912 MICHIGAN AVE, NE SUITE 116 ST PETERSBURG, FL 33703 US</b>		Mailing Address <b>1912 MICHIGAN AVE, NE SUITE 116 ST. PETERSBURG, FL 33703 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01122007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-1966011</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>FLEMING, WILLIAM P. 1912 MICHIGAN AVE, NE ST. PETERSBURG, FL 33703</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		U000000586563 01/16/07-80058-013 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLEMING, WILLIAM P. 1912 MICHIGAN AVE NE ST PETERSBURG, FL		
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<b>DO NOT WRITE IN THIS SPACE</b>			
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: <u>William P. Fleming</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		WILLIAM P. FLEMING, PRES. 1/12/07 727.522.9044 Date Daytime Phone #	