
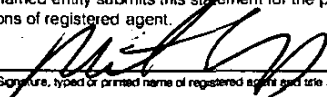
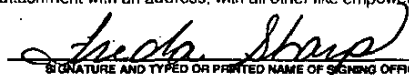


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90049 019 \*\*\*150.00

<b>DOCUMENT # 686844</b>			
1. Entity Name TCM IMAGINEERING, INC.			
Principal Place of Business 3850 EAST HIGHWAY 46 SANFORD, FL 32771-9154		Mailing Address 3850 EAST HIGHWAY 46 SANFORD, FL 32771-9154	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03082005		Chg-P CR2E034 (10/03)	
4. FEI Number 59-2022608		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>NATALI CHARLES</del> <b>Michael SHARP</b> 3850 E. HWY. 46 SANFORD, FL 32772-8823		Name <b>Michael SHARP</b> Street Address (P.O. Box Number is Not Acceptable) <b>3850 E HWY 46</b> City <b>Sanford</b> FL Zip Code <b>32771</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 		<b>Michael SHARP</b> <b>3-8-05</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>-After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete NATALI, CHARLES 3850 E. HWY. 46 SANFORD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input type="checkbox"/> Delete SHARP, MICHAEL 3850 EAST HWY 46 SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael SHARP 3850 EAST HWY 46 Sanford FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Freda SHARP 3850 EAST HWY 46 Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		<b>Freda SHARP</b> <b>3-8-05</b> <b>407-323-6494</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	