


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # 709784 1. Entity Name TI-LI, INC.	
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Principal Place of Business 300 FLORENCE AVENUE P. O. BOX 50901 TICE, FL 33994 US	Mailing Address 300 FLORENCE AVE P. O. BOX 50901 TICE, FL 33994 US
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04142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 25-3909335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCK, MALCOLM C.
 4180 ELLIS ROAD
 FT. MYERS, FL 33905

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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 _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROCK, MALCOLM C 4180 ELLIS ROAD FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, D 287 GIRNADA BLVD FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMMON, BENJIMIN 4641 UNDERWOOD DRIVE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCGARITY, RICHARD 4325 ORANGEWOOD AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, LEON 4730 LONGLAKE DR FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, SIDNEY 568 PROSPECT ROAD FORT MYERS, FL

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 05/08/07-80014-003 122.50

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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 617, 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: *Malcolm C. Brock* **Malcolm C. Brock** 4/17/07 239 8945477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use Daytime Phone if