## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 22, 2007 08:00 AN Secretary of State DOCUMENT # F06000004993 TIMCO WORLDWIDE, INC. Principal Place of Business Mailing Address 2000 EAST MAIN STREET, SUITE C 2000 EAST MAIN STREET, SUITE C WOODLAND, CA 95776 WOODLAND, CA 95776 08162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 94-3108694 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINES ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. Signature, typed or orinted game of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. CPST TITLE COLIN, TIMOTHY X NAME STREET ADDRESS 2000 EAST MAIN STREET, SUITE C CITY-ST-ZIP WOODLAND, CA 95776 U00000772493 08/22/07-80002-001 550.00 COLIN, PATRICK NAME 2000 EAST MAIN STREET, SUITE C STREET ADDRESS CITY-ST-ZIP WOODLAND, CA 95776 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 by 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 enjacement 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 corpowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/07

530-668-9961

Daytime Phone #