

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004085

Entity Name: TOMARCA, INC.

FILED
Feb 29, 2008
Secretary of State

Current Principal Place of Business:

450 HILLSIDE DR
BLDG B, #200
MESQUITE, NV 89027

New Principal Place of Business:

Current Mailing Address:

450 HILLSIDE DR
BLDG B, #200
MESQUITE, NV 89027

New Mailing Address:

238 INDIAN CREEK ROAD
OAK HILL, FL 32759

FEI Number: 20-3714032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIN, THOMAS R
238 INDIAN CREEK RD
OAK HILL, FL 32759 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAIN, THOMAS R
Address: 450 HILLSIDE DR, BLDG B #200
City-St-Zip: MESQUITE, NV 89027

Title: ST () Delete
Name: CAIN, MARY I
Address: 450 HILLSIDE DR, BLDG B #200
City-St-Zip: MESQUITE, NV 89027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY I CAIN

ST

02/29/2008

Electronic Signature of Signing Officer or Director

Date