2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# F94000003587

Entity Name: TCS JOHN HUXLEY AMERICA, INC.

Current Principal Place of Business:

6171 MCLEOD DRIVE
SUITE H-M
LAS VEGAS, NV 89120 US

New Principal Place of Business:

Current Mailing Address:

6171 MCLEOD DRIVE
SUITE H-M
LAS VEGAS, NV 89120 US

New Mailing Address:

FEI Number: 98-0109342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32314 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: C ( ) Delete
Name: KNUTSSON, BERTIL
Address: 6171 MCLEOD DRIVE, SUITE H-M
City-St-Zip: LAS VEGAS, NV 89120 US

Title: P ( ) Delete
Name: HEAP, DAVID
Address: 6171 MCLEOD DRIVE, STE. H-M
City-St-Zip: LAS VEGAS, NV 89120 US

Title: DST ( ) Delete
Name: ANDREWS, RUTH A
Address: 6171 MCLEOD DRIVE, SUITE H-M
City-St-Zip: LAS VEGAS, NV 89120 US

Title: CFO ( ) Delete
Name: LAMM, LIBBY
Address: 6171 MCLEOD DRIVE, SUITE H-M
City-St-Zip: LAS VEGAS, NV 89120

Title: CEO ( ) Delete
Name: HAWKINS, ROGER
Address: 6171 MCLEOD DRIVE, STE. H-M
City-St-Zip: LAS VEGAS, NV 89120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LIBBY LAMM CFO 03/18/2009

Electronic Signature of Signing Officer or Director — Date