## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 02, 2007 08:00 A Secretary of State **DOCUMENT # H56717** 1. Entity Name TIMBERLANE, INC. Principal Place of Business Mailing Address 3884 NOTTINGHAM CIRCLE 100 WALLACE AVE. SARASOTA, FL 34235 SUITE 260 SARASOTA, FL 34237 04262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2538409 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, ALBERT F DO NOT WRITE 3884 NOTTINGHAM CIRCLE SARASOTA, FL 34235 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME THOMAS, ALBERT F STREET ADDRESS 3884 NOTTINGHAM CIRCLE SARASOTA, FL 34235 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000756165 CITY-ST-ZIP 05/23/07-80020-016 150.00 TITLE NAME STREET ADDRESS

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 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.

ALRELT F Thoras

SIGNATURE:

ALBERT F THOMAS

Daytime Phone #