
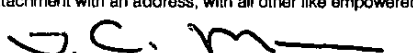


FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # H90415 1. Entity Name T.C. MANN, INC. | |  | | Apr 02, 2007 08:00 Secretary of State | |
| Principal Place of Business 1001 N AMERICA WAY 107 MIAMI, FL 33132 | | Mailing Address 1001 N AMERICA WAY 107 MIAMI, FL 33132 | | | |
| | |  | | 03262007 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 59-2618358 | | 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 MANN, THOMAS C. 1001 N AMERICA WAY UNIT 107 MIAMI, FL 33132 | | | | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 1000000684479 04/06/07-80034-019 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | PD MANN, THOMAS C. 1001 N AMERICA WAY 107 MIAMI, FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ST COLEMAN, WILLIAM T. 5100 NO. FEDERAL HWY FT. LAUDERDALE, FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D MCGOVERN, JOHN (JACK) 1877 S. BAYSHORE LANE MIAMI, FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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. | | | | | |
| SIGNATURE:  | | 327.07 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |