


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90061 040 \*\*\*150.00

DOCUMENT # J18847			
1. Entity Name TIRO LOCO, INC.			
Principal Place of Business 370 MINORCA AVE. SUITE #11 CORAL GABLES, FL 33134 US		Mailing Address C/O RICHARD BISCHOFF, 370 MINORCA AVE. SUITE #11 CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BISCHOFF, RICHARD J. 370 MINORCA AVE. SUITE #11 CORAL GABLES, FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDSOLE, M. PALMER JR	NAME	<i>PIB</i>
STREET ADDRESS	25 EDGEFIELD RD	STREET ADDRESS	<i>Bedsole, M. Palmer Jr, Deceased</i>
CITY-ST-ZIP	MOBILE, AL 33608	CITY-ST-ZIP	<i>25 Edgefield Road</i>
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, LORETTA	NAME	
STREET ADDRESS	11050 MCDAVID ROAD	STREET ADDRESS	
CITY-ST-ZIP	WILMER, AL 36587	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Regans Bank as Co-Executor of the Estate of M. Palmer Bedsole, Jr., Deceased</i>		Date: <i>5/1/07</i> Daytime Phone #: <i>251-438-8044</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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05012007 Chg-P CR2E034 (12/06)

4. FEI Number 63-0942637 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required