2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56935

FILED Apr 21, 2009 Secretary of State

Entity Name: THOMPSON MARTIN ASSOCIATES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
30 SW 8 TE 200 IIAMI, FL				
urrent M	lailing Addre	ss:	New Mailing Addres	s:
30 SW 8 TE 200 IIAMI, FL				
El Number	: 65-0185500	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
HOMPS0 30 SW 8	ON, ALLEN J N	MR.		
TE 200	33130 US			
TE 200 IIAMI, FL he above	33130 US	submits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both,
TE 200 IIAMI, FL he above	33130 US named entity e of Florida.	submits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both,
TE 200 IAMI, FL he above the State	33130 US named entity e of Florida. RE:	submits this statement for the p nic Signature of Registered Ago		ed office or registered agent, or both, Date
TE 200 IIAMI, FL he above the State	33130 US named entity of Florida. RE: Electron	·		
TE 200 IIAMI, FL he above the State IGNATUI	33130 US named entity of Florida. RE: Electron	nic Signature of Registered Ago	ent	
TE 200 IIAMI, FL he above the State IGNATUI	33130 US e named entity e of Florida. RE: Electrol mpaign Financin S AND DIREC	nic Signature of Registered Ago g Trust Fund Contribution (). CTORS:) Delete JLLEN J MR JL AVE, #1716	ent	Date
TE 200 IAMI, FL the above the State IGNATUI ection Car FFICER ttle: ame: ddress:	33130 US e named entity e of Florida. RE: Electroi mpaign Financin S AND DIREC PTD (THOMPSON, A 2333 BRICKEL MIAMI, FL 333 VSD (nic Signature of Registered Age g Trust Fund Contribution (). ETORS:) Delete .LLEN J MR .L AVE, #1716 .29) Delete OSEFINA M MRSL AVE, #1716	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ALLEN J. THOMPSON PTD 04/21/2009