## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M17304

FILED Apr 20, 2009 Secretary of State

Entity Name: TO-BE FA	RMS, INC.			
Current Principal Place of Business:		New Principal Place o	f Business:	
15200 SW 264 ST HOMESTEAD, FL 33031	US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
18455 S.W. 264 STREET HOMESTEAD, FL 33031				
FEI Number: 59-2598163	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DEMOTT, JOHN 18455 S.W. 264 STREET HOMESTEAD, FL 33031	US			
The above named entity suin the State of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	

Title: Title: ( ) Delete (X) Change ( ) Addition DEMOTT, RAYMOND C. DEMOTT, RAYMOND C. Name: Name: 15200 SW 264 ST Address: 15200 SW 264 ST Address: City-St-Zip: HOMESTEAD, FL City-St-Zip: HOMESTEAD, FL 33032 Title: () Delete Title: (X) Change ( ) Addition RIMLAND, MICHAEL RIMLAND, MICHAEL Name: Name: Address: 19225 SW 264 STREET Address: 19225 SW 264 STREET HOMESTEAD, FL HOMESTEAD, FL 33031 City-St-Zip: City-St-Zip: Title: Title: DST (X) Change ( ) Addition DST ( ) Delete Name: DEMOTT, JOHN C. Name: DEMOTT, JOHN C. Address: 18455 S.W. 264 STREET Address: 18455 S.W. 264 STREET City-St-Zip: HOMESTEAD, FL City-St-Zip: HOMESTEAD, FL 33031

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: JOHN C DEMOTT D 04/20/2009