2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005
Secretary of State

DOCUMENT# N01000002850

Entity Name: TI-AMO, INC.

Current Principal Place of Business:

1046 ALMONDWOOD DR
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

1232 FLORA VISTA ST.
TRINITY, FL 34655

Current Mailing Address:

1046 ALMONDWOOD DR
NEW PORT RICHEY, FL 34655

New Mailing Address:

1232 FLORA VISTA ST.
TRINITY, FL 34655

FEI Number: 59-3726209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALENA, WILLIAM
1046 ALMONWOOD DRIVE
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

CRAIG, FRANCES
1232 FLORA VISTA ST.
TRINITY, FL 34655 US

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.

SIGNATURE: FRANCES CRAIG 09/01/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FILIPPONI, DOMINICK
Address: 1211 ALANBROOKE ST
City-St-Zip: TRINITY, FL 34655

Title: V ( ) Delete
Name: DIMASSO, JONNY J
Address: 1236 ASHBOURNE CIRCL E
City-St-Zip: TRINITY, FL 34655

Title: ST ( ) Delete
Name: WILLIAM, ALENA
Address: 1046 ALMONWOOD DR
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete
Name: DIMASSO, JOHNNY J
Address: 1236 ASHBOURNE CIRCLE
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete
Name: FERRARI, CHARLES
Address: 1135 ALAN BROOKE ST
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete
Name: DEPLASCO, MARIO
Address: 1232 FLORA VISTA ST
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: ALENA, WILLIAM
Address: 1046 ALMONDWOOD DR
City-St-Zip: TRINITY, FL 34655

Title: T (X) Change ( ) Addition
Name: CRAIG, FRANCES
Address: 1232 FLORA VISTA ST.
City-St-Zip: TRINITY, FL 34655

Title: S (X) Change ( ) Addition
Name: PICONE, MARIE
Address: 4401 RUSTIC DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINICK FILIPPONI P 09/01/2005
Electronic Signature of Signing Officer or Director — Date