2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000022114 1. Entity Name TME PUBLISHING, INC. 02-28-2005 90202 042 ***150.00 Principal Place of Business Mailing Address -old POBOX 350621 6/d P O BOX 350621 JACKSONVILLE, FL 32235-0621 IACKSONVILLE, FL 32235-0621 New V 2. Principal Place of Business Suite, Apt. #, etc. 02222005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For TACKSONVIlle TACKSONUIlle 59-3631392 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ender ENDERS, TISHIA ss (P.O. Box Number is Not Acceptable) 9849 BRADLEY ROAD JACKSONVILLE, FL 32246 zip Code 246 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. change of adduss 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Vew Enders, Tishia Change Addition TITLE ☐ Delete TITLE ENDERS, TISHIA 9841 BRAdley Rd JACKSON VILLE EL NAME NAME 9849 BRADLEY RD STREET ADDRESS STREET ADDRESS 32246 JACKSONVILLE, FL 32246 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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. . President of 00000 -22-05 *¶725-*7255 SIGNATURE:

FILED

Feb 28, 2005 8:00 am