2008 FOR PROFIT CORPORATION ANNUAL REPORT

7. Wyalinion-

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90055 034 ***150.00 DOCUMENT # P00000038957 1. Entity Name THOMAS ENTERPRISES OF USA INC. Mailing Address Principal Place of Business 214 HUNTER CT ER CT 214 HUNT PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01222008 Chg-P Applied For City & State City & State 4. FEI Number 59-3637171 Not Applicable Country Zip Country \$8.75 Additional \square 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOMASZ, WOJAKIEWICZ Street Address (P.O. Box Number is Not Acceptable) 214 HUNTER CT PALM HARBOR, FL 34684 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE WOJAKIEWICZ, THOMASZ NAME NAME STREET ADDRESS 214 HUNTER CT STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR, FL 34684 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ZYDRON, IWONA NAME STREET ADDRESS 214 HUNTER CT STREET ADDRESS PALM HARBOR, FL 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition UDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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.

TDMASZ WOSAKIEWICZ

2/25/08 727-647-3104

FILED