2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

	JMENT # P00000109811 THY AMERICA, INC.				04-06-2005	90119 04	19 130).00		
Principal Place of Business C/O BASS AND SANDFORT ACCOUNTANTS PA 1301 WST GARDEN STREET PENSACOLA, FL 32501	Mailing Address C/O BASS AND SANDFORT ACCOUNTANTS PA 1301 WST GARDEN STREET PENSACOLA, FL 32501				FIII ANIIE TOIFI NTIII NNII	.	31 16/81 1/831 1/1			
2. Principal Place of Business	3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.			01202005	Chg-P	CR2E03	34 (10/03)			
City & State	City & State			4. FEI Number 59-3683				plied For t Applicable		
Zip Country	Zip	Coun	itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current I	Registered Agent		ļ	7. Name and	Address of New R	egistered A	gent			
BASS & SANDEODT ACCOUNTANTS BA	^		Name							
BASS & SANDFORT ACCOUNTANTS PA 1301 WST GARDEN STREET PENSACOLA, FL 32501			Street Address (ss (P.O. Box Number is Not Acceptable)						
, 5,10,1005, ,, 10, 5250,								ι.		
•			City			FL	Zip Cod			
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be						
1	,•	tribution.	□ Add	led to Fees						
10. OFFICERS AND		11.			CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11		
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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 oats; 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.

SIGNATURE: Jandy Hinrichs	4/3/05	850-474-079K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \	Date I	Daytime Phone #