

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000028484	
1. Entity Name TM-ARTS INC.	
	
Principal Place of Business 1212 BEN FRANKLIN DR., UNIT 501 SARASOTA, FL 34236	Mailing Address 1212 BEN FRANKLIN DR., UNIT 501 SARASOTA, FL 34236



05252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1088280	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALLAGHER, THOMAS R
1212 BEN FRANKLIN DR., UNIT 501
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BRILL, MARK J
STREET ADDRESS	1212 BEN FRANKLIN DR., UNIT 501
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	P
NAME	GALLAGHER, THOMAS R
STREET ADDRESS	1212 BEN FRANKLIN DR., UNIT 501
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-7-07

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