2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

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Entity Name: T&M CUSTOM INC.

Current Principal Place of Business:

2374, LOCKWOOD MEADOWS STREET
SARASOTA, FL 34234

New Principal Place of Business:

2374 LOCKWOOD MEADOWS STREET
SARASOTA, FL 34234

Current Mailing Address:

2374, LOCKWOOD MEADOWS STREET
SARASOTA, FL 34234

New Mailing Address:

2374 LOCKWOOD MEADOWS STREET
SARASOTA, FL 34234

FEI Number: 65-1138225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOBERT, EMMANUELLE
2374 LOCKWOOD MEADOWS ST.
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORIN, RAYMOND
Address: 2374, LOCKWOOD MEADOWS STREET
City-St-Zip: SARASOTA, FL 34234

Title: VD ( ) Delete
Name: NOBERT, EMMANUELLE
Address: 2374, LOCKWOOD MEADOWS STREET
City-St-Zip: SARASOTA, FL 34234

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORIN, RAYMOND
Address: 2374 LOCKWOOD MEADOWS STREET
City-St-Zip: SARASOTA, FL 34234

Title: VD (X) Change ( ) Addition
Name: NOBERT, EMMANUELLE
Address: 2374 LOCKWOOD MEADOWS STREET
City-St-Zip: SARASOTA, FL 34234

Title: ST ( ) Change (X) Addition
Name: DURAND, JASON
Address: 5332 POTTER ST.
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMANUELLE NOBERT VD 04/20/2009

Electronic Signature of Signing Officer or Director — Date