2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000000480

Entity Name: TPF INVESTMENTS, INC.

FILED Mar 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 E. ASHLAND AVE ST AUGUSTINE, FL 32084

SUITE 2 A

HASTINGS, FL 32145

Current Mailing Address: New Mailing Address:

P.O. BOX 618

ST AUGUSTINE, FL 32085

FEI Number: 26-0002189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PACETTI, CHARLES A BUSBEE, SUZANNE P 101 E. AŚHLAND AVE 2520 SR 207

ST AUGUSTINE, FL 32084 US SUITE 2 A HASTINGS, FL 32145 US

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: SUZANNE P. BUSBEE 03/01/2007

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

PACETTI, CHARLES A BUSBEE, SUZANNE P Name: Name:

2520 SR 207 P.O. BOX 618 Address: Address:

City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: ST AUGUSTINE, FL 32085 US

() Delete Title: Title: VΡ () Change (X) Addition

PACETTI, CHARLES A Name: Name:

Address: Address: P.O. BOX 618

ST AUGUSTINE, FL 32085 US City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

BARBOUR, CASSANDRA P Name: Name:

P.O. BOX 618 Address Address:

City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32085 US

Title: () Delete Title: VΡ () Change (X) Addition

PACETTI TENNYSON, CHEYENNE Name: Name:

Address: Address: P.O. BOX 618 City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32085

I hereby certify that the information supplied with this filing does not qualify for the 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.

VΡ SIGNATURE: CHARLES A. PACETTI 03/01/2007