

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90150 050 ***158.75

DOCUMENT # P02000088261					
1. Entity Name TML LOGISTICS, INC.					
Principal Place of Business 150 KOKOMO RD LAKE HAMILTON, FL 33851			Mailing Address P O BOX 1477 HAINES CITY, FL 33845		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O PEARCE WORLDWIDE LOGISTICS			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P O BOX 307			
City & State		City & State BRENTWOOD, TN			
Zip	Country	Zip 37024	Country WILLIAMSON		
4. FEI Number 82-0559801			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PEARCE, PATTY 150 KOKOMO RD LAKE HAMILTON, FL 33851			7. Name and Address of New Registered Agent Name: KIM MULLEN Street Address (P.O. Box Number is Not Acceptable): 150 KOKOMO ROAD City: LAKE HAMILTON FL Zip Code: 33851		
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: <i>Kim Mullen</i>				DATE: 2-15-08	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VD	NAME MULLEN, KIMBERLY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 56 SKIDMORE RD	CITY-ST-ZIP WINTER HAVEN, FL 33884		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	NAME PEARCE, PATTY	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 273 RUBY LAKE LANE	CITY-ST-ZIP WINTER HAVEN, FL 33884		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	NAME PEAYLCE, KEVIN	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 816 GOOD SPRINGS RD	CITY-ST-ZIP BRENTWOOD, TN 37027		NAME KEVIN PEARCE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		STREET ADDRESS 616 Good Springs Rd.	CITY-ST-ZIP BRENTWOOD, TN 37027	
NAME	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Kim Mullen</i>			DATE: 2-15-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 615-376-6307		