2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P03000008425

Entity Name: TINE INCORPORATED

Current Principal Place of Business:

3501-B NORTH PONCE DE LEON BLVD
PMB 276
ST. AUGUSTINE, FL 32804

New Principal Place of Business:

3501-B NORTH PONCE DE LEON BLVD
PMB 276
ST. AUGUSTINE, FL 32084

Current Mailing Address:

3501-B NORTH PONCE DE LEON BLVD
PMB 276
ST. AUGUSTINE, FL 32804

New Mailing Address:

3501-B NORTH PONCE DE LEON BLVD
PMB 276
ST. AUGUSTINE, FL 32084

FEI Number: 37-1456422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWMAN, MANINA
15 DOUGLAS AVE
SAINT AUGUSTINE, FL 32084 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: M ( ) Delete
Name: BOWMAN, TIMOTHY
Address: 15 DOUGLAS AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY BOWMAN M 03/11/2009
Electronic Signature of Signing Officer or Director — Date