



**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

[REDACTED]

<b>DOCUMENT # P03000033790</b> 1. Entity Name TLSS WILLIE, INC.			<b>Secretary of State</b> 03-28-2005 90054 026 ***150.00
Principal Place of Business 6803 POTTS RD RIVERVIEW, FL 33569		Mailing Address 11206 VILLAS ON THE GREEN RIVERVIEW, FL 33569 US	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address 555 NE 50th Ter.  Suite, Apt. #, etc.  City & State Miami FL Zip 33137 Country USA	
			
		03152005 Chg-P CR2E034 (10/03)	
		4. FEI Number 74-3085364	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, DELONA 6803 POTTS RD RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<p>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.</p> <p>SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____</p>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME P <input type="checkbox"/> Delete SULLIVAN, DELONA STREET ADDRESS 6803 POTTS RD CITY - ST - ZIP RIVERVIEW, FL 33569		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP	
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<p>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</p> <p><b>SIGNATURE:</b> Delona Sullivan <i>Delona Sullivan</i> 3-15-2005 1-813-39780</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>			