2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # P03000062471 1. Entity Name THOMAS L. BYRON, INC. Mailing Address Principal Place of Business : 2816 DIGBY ROAD SE 13421 US HWY 1 #6E SEBASTIAN, FL 32958 PALM BAY, FL 32909 04042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2367796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BYRON, RENEE DO NOT WRITE 2816 DIGBY ROAD SE PALM BAY, FL 32909 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PST BYRON, RENEE NAME STREET ADDRESS 2816 DIGBY ROAD SE CITY-ST-ZIP PALM BAY, FL 32909 U000000297992 04/11/05-80050-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED