2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # P03000068138 1. Entity Name TNI, INC.								02-11-2008 9	00051 03	5 ***15(0.00
Principal Place of Business Mailing Address							300				
2121 SW 22 OCALA, FL 3			2121 SW 22ND PLACE OCALA, FL 34474				I IPRII GEL			I ##D# 1184 IBI	ICPRI 14 IROI
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite,"Apt."#, etc.			Suite, Apt. #, etc.				02062008	Chg-P _	CR2E03	4 (12/06)	
City & State			City & State				4. FEI Numb 59-338			<u> </u>	plied For t Applicable
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
BLANCHARD, DOCK A 4 S.E. BROADWAY OCALA, FL 34471						dress (I	P.O. Box Numb	er is Not Acceptable)		
									FL	Zip Code	е
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 Signature, typed or panted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										~ ~-	
10.		OFFICERS AND	DIRECTORS	11.	··		ADDITIONS	I /CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE	P Delete TITL				Ε	J.	ana, A	(Gredo		Change	☐ Addition
NAME STREET ADDRESS	JACOME,		NAM	SELVED STATES STATES STATES STATES STATES			TBO bloce				
CITY-ST-ZIP	OCALA, F	22ND PLACE L 34474		-ST-ZIP	0. 3.1.101						
TITLE	VP		☐ Delete	TITL	E					☐ Change	☐ Addilion
NAME	JACOME,	ALFREDO		NAM	16					_ ,	_
STREET ADDRESS	2121 SW 22ND PLACE				223RDQA 133						
CITY-ST-ZIP	<u> </u>				'-ST-ZIP						CT Address
TITLE NAME			C] Delete	TITLI NAM	I .					☐ Change	Addition
STREET ADDRESS					EET ADDRESS						
CHY-ST-ZIP				-	-ST-ZIP						
TITLE NAME			Delete	TITLI						□ Chaпge	Addition
STREET ADDRESS				1	EET ADDRESS						
CHTY-ST-ZHY			·	-CHY	•SI-2#P	-					
TITLE			☐ Delet e	FITL						☐ Change	Addition
NAME Street address				NAM STRE	EET ADDRESS						ĺ
CITY-ST-ZIP	1			3	-ST-ZIP]
TITLE			☐ Delete	TITL	E					Change	Addition
NAME		0		NAM	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	STRE										1
	certify that the	information supplied with	this filing does not qualify for	1		ntained	in Chapter 11	9, Florida Statutes. I	urther certif	y that the in	formation
12. It 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 expowered, 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: VI7(35											