2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000030816** 05-02-2005 90457 020 ***150.00 1. Entity Name TYMAR INVESTMENTS, INC. Principal Place of Business Mailing Address 662 HIGHWAY 98 E. 662 HIGHWAY 98 E. 710 710 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address 5Am ~ 5Ame_ Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State <u>58-2680553</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sine **BLANTON, JUNE** Street Address (P.O. Box Number is Not Acceptable) 662 HIGHWAY 98 E 710 DESTIN, FL 32541 Zip Code City 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 ed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Change Addition ☐ Delete TITLE NAME BLANTON, JUNE NAME STRFFT ADDRESS STREET ADDRESS 662 HIGHWAY 98 E., UNIT 710 DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP VP Change ■ Addition TITLE □ Detete TITLE **BLANTON, GERALD** NAME NAMÉ STREET ADDRESS 662 HIGHWAY 98 E., UNIT 710 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP VΡ Change Addition TITLE ☐ Delete TITLE ROYBAL, JOSEPH & KITTY NAME NAME STREET ADDRESS 3435 KINGSBORO ROAD, #1403 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA,, GA 30326 ☐ Addition ☐ Change TITLE VP ☐ Delete TIT1 F SIGGERS, JOHN & CAROL NAME NAME STREET ADDRESS 750 PARK AVENUE #34W STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30326 CITY-ST-ZIP ☐ Addition ☐ Change TITLE S/T ☐ Defete TITLE SHAW, SARA & JAMISON NAME NAME STREET AODRESS 3435 KINGSBORO ROAD, #703 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30326 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED