2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # P04000109949 1. Entity Name T & M DELIVERY, INC.				04-13-2007 90165 013 ***150.00				
Principal Plac	e of Business	Mailing Address			ر خ	J 0 0		
994 68 STREET OCEAN PO BOX 500621								
MARATHON, FL 33050 MARATHON, FL 33050								
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Principal Place of Business - No P.O. Box # 3, Mailing Address			·					
125 VI Street Gulf					1 3003 601 31	2011 BIZU 2011 BEUF BZ	TIME LINNER MARIEM EINETH EINER MEINEM EIN	INFART IT HERE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102007	Chg-P	CR2E034 (12/06)		
								
City & State Marathon Florida City & State				4. FEI Numb			oplied For ot Applicable	
Zip Country		Zip Country		try	1	· · · · · · · · · · · · · · · · · · ·	\$9.75	
3309				. ,	5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New i	Registered Agent	······································
MULED	ODEDT K ESO			Name				
MILLER, ROBERT K ESQ 2975 OVERSEAS HWY			Street Address (P.O. Box Number is Not Acceptable)					
MARATHON, FL 33050			·		·			
				City			FL Zip Cod	le
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.								
CIONATHOE								
SIGNATURE								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	· · · · · · · · · · · · · · · · · · ·	NAM STRE	E Et adoress -st-zip	d in Change 14	O Elovida Statusa		-

12. Thereby certify that the information supplied with this filling coes not qualify for the exemptions contained in Chapter 119, Portica Statutes. Framer certify that the information indicated on this report or suppliemental 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.

SIGNATURE: Milydi McKerrie Mileydi McKerrie 04/11/07 (305)619-6383