2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123129

Entity Name: TMS TREASURE COAST, INC.

FILED May 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4868 SW LAKE GROVE CIR 2370 NE OCEAN BLVD. C-106

PALM CITY, FL 34990 STUART, FL 34996

Current Mailing Address: New Mailing Address:

4868 SW LAKE GROVE CIR 2370 NE OCEAN BLVD. C-106

PALM CITY, FL 34990 STUART, FL 34996

FEI Number: 20-1553827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STUMPF, RICHARD P STUMPF, RICHARD P 4868 SW LAKE GROVE CIR. 2370 NE OCEAN BLVD. C-106 PALM CITY, FL 34990 STUART, FL 34996

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.

SIGNATURE: 05/02/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition STUMPF, THERESA M STUMPF, THERESA M Name: Name: 4868 SW LAKE GROVE CIR Address: 2370 NE OCEAN BLVD. C-106 Address:

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34996

Title: Title: () Delete (X) Change () Addition

STUMPF, RICHARD P Name: Name: STUMPF, RICHARD P 4868 SW LAKE GROVE CIR Address: 2370 NE OCEAN BLVD. C-106 Address: PALM CITY, FL 34990 STUART, FL 34996 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD STUMPF 05/02/2009 S