2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2008 08:00 A Secretary of State DOCUMENT # P04000137920 1. Entity Name TIM RICE, INC. Principal Place of Business Mailing Address 214 LAKE AVE N 214 LAKE AVE N LEHIGH ACRES, FL 33972 LEHIGH ACRES, FL 33972 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0528522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RICE, TIMOTHY R 214 LAKE AVE N LEHIGH ACRES, FL 33972 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Un00000900411 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 04/29/08-80028-001 150.00 10. OFFICERS AND DIRECTORS **PVST** TITLE NAME RICE, TIMOTHY R 214 LAKE AVE N STREET AUDRESS CHTY-S1-ZIP LEHIGH ACRES, FL 33972 NAME STREET ADDRESS CITY-ST-7IP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CiTY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling 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 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.

NAME STREET ADDRESS

FILED