2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90043 041 ***150.00

DOCUMENT # P05000030206

1. Entity Name
TCME, INC.

Principal Place of Business	Mailing Address
4677 NW 60 LANE CORAL SPRINGS, FL 33067	4677 NW 60 LANE CORAL SPRINGS, FL 33067

01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10611 SW Academic Way	P.O. BOX 880308
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port. St. Lucie, FL	City & State: Port St. Lucie, FL
Zip: 34987. Country: USA ~~Port St. Lucie~~	Zip: 34988 Country: USA.

4. FEI Number: 20-2531434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASCANIO, MAGALY
4677 NW 60 LANE
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name: Ascanio, Magaly
Street Address (P.O. Box Number is Not Acceptable): 10611 SW Academic Way.
City: Port St. Lucie FL Zip Code: 34987

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 printed 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, 2007 Fee Will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASCANIO, MAGALY 4677 NW 60TH LANE CORAL SPRINGS, FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10611 SW Academic Way Port St. Lucie, FL 34987.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition V.P. Edgardo Ascanio 10611 SW Academic Way Port St. Lucie, FL 34987.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 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: Magaly Ascanio 1/18/07 954-326-8461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #