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
4677 NW 60 LANE
CORAL SPRINGS, FL 33067

Mailing Address
4677 NW 60 LANE
CORAL SPRINGS, FL 33067

2. Principal Place of Business - No P.O. Box #
10611 SW Academic Way
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 880308
Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State: Port St. Lucie, FL
Zip: 34987. Country: USA Port St. Lucie

City & State: Port St. Lucie, FL
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

TITLE	P ☐ Delete
NAME	ASCANIO, MAGALY
STREET ADDRESS	4677 NW 60TH LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	10611 SW Academic Way
CITY-ST-ZIP	Port St. Lucie, FL 34987.
TITLE	V.P. ☐ Change ☒ Addition
NAME	Edgardo Ascanio
STREET ADDRESS	10611 SW Academic Way
CITY-ST-ZIP	Port St. Lucie, FL 34987.
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #