

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
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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.
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City & State Port St. Lucie, FL Zip 34987	Country USA	City & State Port St. Lucie, FL Zip 34988	Country USA
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6. Name and Address of Current Registered Agent ASCANIO, MAGALY 4677 NW 60 LANE CORAL SPRINGS, FL 33067	
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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	
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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.	
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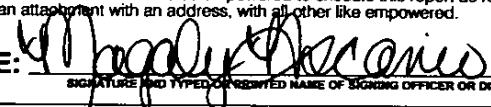
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☐ Change ☒ Addition V.P. Edgardo Ascanio 10611 SW Academic Way Port St. Lucie, FL 34987
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.	
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SIGNATURE: 	1/18/07 954-326-8461
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