

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000040225

Entity Name: TIMM GROUP, INC.

FILED  
Mar 15, 2007  
Secretary of State

## Current Principal Place of Business:

455 US 19 SOUTH  
PALM HARBOR, FL 34683

## New Principal Place of Business:

619 BAYWOOD DRIVE N  
DUNEDIN, FL 34698

## Current Mailing Address:

455 US 19 SOUTH  
PALM HARBOR, FL 34683

## New Mailing Address:

619 BAYWOOD DRIVE N  
DUNEDIN, FL 34698

FEI Number: 20-2690688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHAFLE, KURT  
455 US 19 SOUTH  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

SCHAFLE, KURT  
619 BAYWOOD DRIVE N  
DUNEDIN, FL 34698 US

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: KURT SCHAFLE

03/15/2007

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:

Title: PSTD ( ) Delete  
Name: SCHAFLE, KURT  
Address: 455 US 19 SOUTH  
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD ( ) Delete  
Name: SCHAFLE, WILLIAM M  
Address: 538 WALDEN CT  
City-St-Zip: DUNEDIN, FL 34698

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SCHAFLE, KURT  
Address: 619 BAYWOOD DR N  
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KURT SCHAFLE

PSTD

03/15/2007

Electronic Signature of Signing Officer or Director

Date