2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000072383

1. Entity Name
TMSQUARED, INC.

Principal Place of Business	Mailing Address
1509 PASS-A-GRILLE WAY ST PETE BCH, FL 33706	1509 PASS-A-GRILLE WAY ST PETE BCH, FL 33706

DO NOT WRITE IN THIS SPACE

03032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1250691	Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMES, CALEB J
1023 MANATEE AVE
W BRADENTON, FL 34205

DO NOT WRITE 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 _____
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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	PURSLEY, TRICIAL K
STREET ADDRESS	1509 PASS-A-GRILLE WAY
CITY-ST-ZIP	ST PETE BCH, FL 33706

TITLE	D
NAME	MCCLANATHAN, MICHAEL R
STREET ADDRESS	4119 24TH AVE E
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000849149
03/21/08-80009-013 150.00

DO NOT WRITE IN THIS SPACE

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: _Tricia Pursley_   Tricia Pursley   3/03/08   727-638-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #