


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90023 001 \*\*\*150.00

<b>DOCUMENT # P05000072705</b>		
1. Entity Name <b>TIJER INC</b>		

Principal Place of Business <b>1123 ENGLISH BLUFFS CT BRANDON, FL 33511</b>	Mailing Address <b>1123 ENGLISH BLUFFS CT BRANDON, FL 33511</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2871 Vintage View Loop</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Lakeland, Florida</b>	
Zip	Country	Zip <b>3380</b>	Country <b>USA</b>

4000



01232008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2857314</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TIRADO, RENE 1123 ENGLISH BLUFFS CT BRANDON, FL 33511</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>TIRADO, RENE</b>		NAME <b>2871 Vintage View Loop</b>	
STREET ADDRESS <b>1123 ENGLISH BLUFFS CT</b>		STREET ADDRESS <b>Lakeland, FL 33812</b>	
CITY-ST-ZIP <b>BRANDON, FL 33511</b>		CITY-ST-ZIP <b>Lakeland, FL 33812</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>TIRADO, JESSICA</b>		NAME <b>2871 Vintage View Loop</b>	
STREET ADDRESS <b>1123 ENGLISH BLUFFS CT</b>		STREET ADDRESS <b>Lakeland, FL 33812</b>	
CITY-ST-ZIP <b>BRANDON, FL 33511</b>		CITY-ST-ZIP <b>Lakeland, FL 33812</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	<b>Rene Tirado</b>	1/31/08	813-341-1986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #