

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90379 034 \*\*\*150.00

<b>DOCUMENT # P05000073401</b> 1. Entity Name <b>TSM IRRIGATION, INC.</b>			
Principal Place of Business <b>10293 100 STREET BOYNTON BEACH, FL 33437</b>		Mailing Address <b>10293 100 STREET BOYNTON BEACH, FL 33437</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>C/O BLAKESBERG &amp; CO CPAS 951 SW 4TH AVE</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b>		4. FE Number <b>20-2865641</b>	
Zip <b>33432</b>		Country <b>FL</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BLAKESBERG, JON D 951 S.W. 4TH AVENUE BOCA RATON, FL 33432</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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>KAUFMAN, GREGORY</b> STREET ADDRESS <b>15049 TALL OAK AVENUE</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR</small>		PRESIDENT <b>4/19/06</b> <b>561-441-3048</b> <small>Date Daytime Phone</small>	