

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112150

Entity Name: TM REFERRAL CORP.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

4617 UNIVERSITY DR STE B
CORAL SPRINGS, FL 33067

New Principal Place of Business:

10240 B WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

Current Mailing Address:

4617 UNIVERSITY DR STE B
CORAL SPRINGS, FL 33067

New Mailing Address:

10240 B WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

FEI Number: 20-3449948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALOMONE, THOMAS
4617 UNIVERSITY DR STE B
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

SALOMONE, THOMAS
10240 B WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: THOMAS F. SALOMONE

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALOMONE, THOMAS
Address: 4617 UNIVERSITY DR STE B
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V () Delete
Name: VEISSI, MAURICE
Address: 4617 UNIVERSITY DR STE B
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALOMONE, THOMAS
Address: 10240 B WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V (X) Change () Addition
Name: VEISSI, MAURICE
Address: 10240 B WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

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: THOMAS F. SALOMONE

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date