2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112275

Entity Name: TM REALTY INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10240 B WEST SAMPLE ROAD 5491 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065

SUITE104 B

CORAL SPRINGS, FL 33067

Current Mailing Address: New Mailing Address:

10240 B WEST SAMPLE ROAD 5491 N. UNIVERSITY DR.

CORAL SPRINGS, FL 33065 SUITE104 B

CORAL SPRINGS, FL 33067

FEI Number: 20-3449946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALOMONE, THOMAS SALOMONE, THOMAS 10240 B WÉST SAMPLE ROAD 5491 N. UNIVERSITY DR.

CORAL SPRINGS, FL 33065 104 B

CORAL SPRINGS, FL 33067 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 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete SALOMONE, THOMAS SALOMONE, THOMAS Name: Name:

10240 B WEST SAMPLE ROAD 5491 N. UNIVERSITY DR SUITE 104 B Address: Address:

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33067

() Delete Title: Title: (X) Change () Addition

Name: VEISSI, MAURICE Name: VEISSI, MAURICE

10240 B WEST SAMPLE ROAD Address: 5491 N. UNIVERSITY DR. SUITE 104 B Address:

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: THOMAS F. SALOMONE 04/30/2009