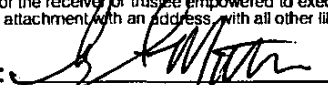


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90040 032 ***558.75

DOCUMENT # P05000136647 1. Entity Name TROYFM INC.					
Principal Place of Business 83 NW 45 AVE SUITE #105 DEERFIELD BEACH, FL 33442			Mailing Address 83 NW 45 AVE SUITE #105 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 83 N.W. 45 AVE.		3. Mailing Address SAME			
Suite, Apt. #, etc. #105		Suite, Apt. #, etc. SAME			
City & State DEERFIELD BCH FL.		City & State SAME		4. FEI Number 20-3543782	
Zip 33442		Country BROWARD		Zip SAME	
Country SAME		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MATTEODO, TROY F 83 NW 45 AVE SUITE #105 DEERFIELD, FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete MATTEODO, TROY F		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MATTEODO, TROY F			NAME 		
STREET ADDRESS 83 NW 45 AVE, SUITE #105			STREET ADDRESS 		
CITY-ST-ZIP DEERFIELD BEACH, FL 33442			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 		
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: 			TROY F. MATTEODO		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8/31/06 Daytime Phone # 561-308-6099		