


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90003 005 \*\*\*558.75

<b>DOCUMENT # P05000136647</b>	
1. Entity Name <b>TROYFM INC.</b>	

Principal Place of Business <b>83 NW 45 AVE SUITE #105 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>83 NW 45 AVE SUITE #105 DEERFIELD BEACH FL 33442</b>
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2. Principal Place of Business - No P.O. Box # <b>4191 N.W. 6 STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>4191 N.W. 6 STREET</b> Suite, Apt. #, etc.
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2nd MOORE CR2E034 (4/07)

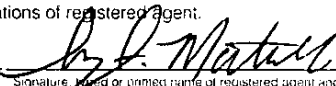
City & State <b>DEERFIELD BEACH, FLORIDA</b>	City & State <b>DEERFIELD BEACH, FLORIDA</b>
Zip <b>33442</b>	Zip <b>33442</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>

4. FEI Number <b>20-3543782</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>MATTEODO, TROY F 83 NW 45 AVE SUITE #105 DEERFIELD FL 33442</b>	
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7. Name and Address of New Registered Agent Name <b>MATTEODO, TROY F.</b> Street Address (P.O. Box Numbers Not Acceptable) <b>4191 N.W. 6 STREET</b> City <b>DEERFIELD BEACH</b> FL Zip Code <b>33442</b>	
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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 	<b>TROY F. MATTEODO</b>	DATE <b>8/28/07</b>

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>	S.607 193(2)(b), F.S. allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MATTEODO, TROY F 83 NW 45 AVE, SUITE #105 DEERFIELD BEACH FL 33442</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MATTEODO, TROY F. 4191 N.W. 6 STREET DEERFIELD BEACH, FLORIDA 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE <b>8/28/07</b> 561-305-6099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	