2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145432

Entity Name: TLO MANAGEMENT OF VOLUSIA, INC.

OLIVER, TIMOTHY L SEC-TRE

101 E YELKCA TERR, STE F

EDGEWATER, FL 32132

Name:

Address: City-St-Zip: FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 101 E. YELKCA TERRACE SUITE F EDGEWATER, FL 32132 **New Mailing Address: Current Mailing Address:** 101 E. YELKCA TERRACE SUITE F EDGEWATER, FL 32132 FEI Number: 20-3829420 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: OLIVER, TIMOTHY L PRES 101 E YELKCA TERR, STE F EDGEWATER, FL 32132 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete Title: () Change () Addition OLIVER, TIMOTHY L Name: Name: 101 E. YELKCA TERRACE, SUITE F Address: Address: City-St-Zip: EDGEWATER, FL 32132 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: OLIVER, TIMOTHY L VP Name: 101 E YELKCA TERR, STE F Address: Address: EDGEWATER, FL 32132 City-St-Zip: City-St-Zip: () Delete Title: Title: SEC-() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY L. OLIVER PRES 04/30/2007