2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2008 8:00 am Secretary of State **DOCUMENT # P06000098809** 04-22-2008 90018 018 ***150.00 1. Entity Name TJM INDUSTRIES, INC. 40076222 Principal Place of Business Mailing Address 3080 EL CAMINO REAL 3080 EL CAMINO REAL W. PALM BEACH, FL 33434 W. PALM BEACH, FL 33434 No Chg-P CR2E034 (11/05) 01102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **2**0-5289718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent MODZELEWSKI, THOMAS E DO NOT WRITE 3080 EL CAMINO REAL W. PALM BEACH, FL 33434 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MODZELEWSKI, THOMAS J NAME STREET ADDRESS 3080 EL CAMINO REAL W. PALM BEACH, FL 33434 CITY-ST-ZIP VP/T NAME MODZELEWSKI, THOMAS J STREET ADDRESS 3080 EL CAMINO REAL CITY-ST-ZIP W. PALM BEACH, FL 33434 MODZELEWSKI, THÓMAS J NAME STREET ADDRESS 3080 EL CAMINO REAL DO NOT WRITE CITY-ST-ZIP W. PALM BEACH, FL 33434 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 with an address, with all other like empowered. changed, or on an attack

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

FILED