2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # P06000122625 1. Entity Name OUR TYM INC. Principal Place of Business Mailing Address 380 NE 51 CT 380 NE 51 CT FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334 मार्ची विश्वमार्थी जैसी के महिना मार्ची महार्ची हुं भी उपस्था है। उन्हों के उन्हों के लिए हैं के लिए हैं के उन महार्ची को को महिना के महिना के महिना में के किया कर है। अने महार्ची के अपने के किया है के किया है के अपने अपन बार्ची के किया कि महार्ची के किया कि महिना महिना के महार्ची के अपने के महिना महिना के महिना के महिना के महिना CR2E034 (11/05) No Chg-P 04092008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2242300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Phi_{ij}^{ab} \wedge \sigma_{ij}^{ab} \Phi_{ij}^{ab} \Phi_$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE QUILES, COOKIE 380 NE 51 CT FT LAUDERDALE, FL 33334 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE QUILES, COOKIE NAME STREET ADDRESS 380 NE 51 CT CITY-ST-ZIP FT LAUDERDALE, FL 33334 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Cookie Quiles

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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