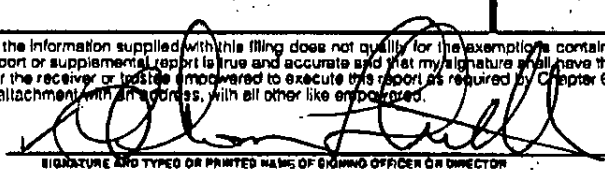


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000131262		
1. Entity Name T.L.M. DESIGN, INC.		
Principal Place of Business 175 YANCEY LANE NORTH FORT MYERS, FL 33903		Mailing Address 175 YANCEY LANE NORTH FORT MYERS, FL 33903
DO NOT WRITE IN THIS SPACE		
		04302008 No Chg-P CR2E034 (11/05)
4. FEI Number 20-5717446		Applied For Not Application
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MILLER, THOMAS L 175 YANCEY LANE NORTH FORT MYERS, FL 33903		DO NOT WRITE 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 fee if applicable. (NOTE: Registered Agent signature required when rotating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U00000945770 05/30/08-80021-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	OP MILLER, THOMAS L 175 YANCEY LANE NORTH FORT MYERS, FL 33903	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
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 liquidator 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 endorsements.		
SIGNATURE: 		4-30-08 239-826-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date of this Form if