

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000145979

Entity Name: TMI & ASSOCIATES, INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

529 NW PRIMA VISTA BLVD., SUITE 301B  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

2190 NW RESERVE PARK TRACE #9  
PORT ST LUCIE, FL 34986 US

**Current Mailing Address:**

529 NW PRIMA VISTA BLVD., SUITE 301B  
PORT ST LUCIE, FL 34983 US

**New Mailing Address:**

2190 NW RESERVE PARK TRACE #9  
PORT ST LUCIE, FL 34986 US

FEI Number: 65-0643983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAMA, ANTHONY L  
529 NW PRIMA VISTA BLVD., SUITE 301B  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

SAMA, ANTHONY L  
2190 NW RESERVE PARK TRACE #9  
PORT ST LUCIE, FL 34986 US

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: ANTHONY SAMA

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D, P  
Name: SAMA, ANTHONY L  
Address: 2190 NW RESERVE PARK TRACE #9  
City-St-Zip: PORT ST LUCIE, FL 34986 US

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY SAMA

PRES

04/16/2012

Electronic Signature of Signing Officer or Director

Date