

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000126565

**FILED**  
**Dec 10, 2009**  
**Secretary of State****Entity Name:** T-MACK INC.**Current Principal Place of Business:**618 MULLENS AVE  
HAINES CITY, FL 33844**New Principal Place of Business:****Current Mailing Address:**618 MULLENS AVE  
HAINES CITY, FL 33844**New Mailing Address:****FEI Number:** 33-1193379**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCKNIGHT, MANDY  
618 MULLENS AVE  
HAINES CITY, FL 33844 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** MCKNIGHT, MANDY  
**Address:** 618 MULLENS AVE  
**City-St-Zip:** HAINES CITY, FL 33844**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VICE ( ) Change (X) Addition  
**Name:** MCKNIGHT, ANTHONY D  
**Address:** 618 MULLEN AVE.  
**City-St-Zip:** HAINES CITY, FL 33844

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.

**SIGNATURE:** MANDY MCKNIGHT

PRES

12/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date