

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90024 038 ***150.00

DOCUMENT # P20734 1. Entity Name T.C. ACQUISITIONS, INC.			
Principal Place of Business 9173 BAY POINT DR. ORLANDO, FL 32819 US		Mailing Address 9173 BAY POINT DR. ORLANDO, FL 32819 US	
2. Principal Place of Business - No P.O. Box # 5900 TARAWOOD DR.		3. Mailing Address 5900 TARAWOOD DR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32819		Zip 32819	
Country 		Country 	
4. FEI Number 41-1621247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYNES, BRUCE G. 9173 BAY POINT DR. ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name BRUCE G. HAYNES Street Address (P.O. Box Number is Not Acceptable) 5900 TARAWOOD DR. City Orlando FL Zip Code 32819	
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: <u><i>Bruce G. Haynes</i></u> 4/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAYNES, BRUCE G 5900 TARAWOOD AVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, BRUCE G 5900 TARAWOOD AVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Bruce G. Haynes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/08 (407) 876 6267 <small>Date Daytime Phone #</small>	