2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an

SIGNATURE

phryent with an address, with all other like

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P92000004226 1. Entity Name TUMBLEWEEDS GYMNASTICS, INC. Principal Place of Business Mailing Address 1232 SARRO RD. 1232 SARND RD MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3137209 Not Applicable $Z_{\rm ID}$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERTOCHA, LOUIS Street Address (P.O. Box Number is Not Acceptable) 8953 N.W. 23RD STREET MIAMI FL 33172 City Zip Code 8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE Signature, typed or protect name of registered agent a range if simplicable (fl-OTE_Registered Agen) signature required when reinstaurig) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Derete Addition NAME HODER, DEENA NAME U00000919725 05/14/08-80017-002 150.00 STREET ADDRESS 1431 WEKIVA DR STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME CHERI, MARKS NAME STREET ADDRESS 1431 WEKIVA DR STREET ADDRESS. CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP HIRE ☐ De-ete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete IIII & Change Audition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 加亚 ☐ Defele Change TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip THEF ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS OffY-SL 7R CITY ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes if further certify that the information indicated on this report or suppliernental 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

her 1 Mc/cs 4/18/28

Ваусте Росе #