2008 FOR PROFIT CORPORATION. ANNUAL REPORT

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Secretary of State DOCUMENT # P94000038480 01-29-2008 90018 025 ***150.00 1. Entity Name TLA, INC. Principal Place of Business Mailing Address 613 SCHOOLHOUSE RD 613 SCHOOLHOUSE RD 66002637 LAKELAND, FL 33813 US LAKELAND, FL 33813 No Chg-P CR2E034 (11/05) 01212008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3266491 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ALLORE, TIMOTHY L. DO NOT WRITE 6605 BROKEN ARROWTRAIL S LAKELAND, FL 33813 CO. IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE ALLORE, TIMOTHY L NAME . 1 6605 BROKEN ARROW TRAIL S STREET ADDRESS CITY-SI-ZIP LAKELAND, FL nne NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-2P tme NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter F19, 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.

FILED Mar 06, 2008 8:00 am