2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

| 1. Entity Name TJMF, INC. | | | | | | | 03-19-200′ | 7 90055 | 021 ***1 | 50.00 | |
|--|---|--|--|---|---|--|------------------------|-------------|-------------------------------------|-------------------------------------|--|
| Principal Place of Business 1785 STATE RD. 436 WINTER PARK, FL 32792 | | | Mailing Address 1785 STATE RD. 436 WINTER PARK, FL 32792 | | 40036800 | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | · | 02072007 | Chg-P | CR2E | 034 (12/06) | | | |
| City & State | | City & State | | - | 4. FEI Numbe 59-3337 | | -, -, | +i | oplied For of Applicable | | |
| Zip | Zip Country | | Zip Counti | | try | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | Sileet Address (| P.O. Box Numbe | T IS NOT ACCEPTABLE | *) | | | |
| | | | | | City | | | FL | Zip Cod | θ | |
| The above named entity submits this statement for the purpose of changing its registers | | | | | ed office or register | red agent, or both | n, in the State of Flo | | familiar with, | and accept | |
| the obligat | tions of registered a | igent. | | | | | | | | | |
| SIGNATURE_ | Signature, typed or printe | d name of registered agent and | tide il applicable. (NOTI | E. Registered | Agent algnature required | when reinstaling) | | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib | | | | | - | | | | | | |
| | | | | | | .00 May Be ed to Fees | | | | | |
| After Ma | ay 1, 2007 Fee | | Trust Fund Cont | ribution. | Add | ed to Fees | CHANGES TO OFFI | ICERS ANI | | | |
| After Ma | | OFFICERS AND D | Trust Fund Cont | ribution. | Add | ed to Fees | CHANGES TO OFFI | ICERS ANI | D DIRECTOR: | S IN 11 | |
| After Ma | PD TRZCINSKI, RC 12769 PATRIC | OFFICERS AND DO ONALD E. IA DRIVE | Trust Fund Cont | 11. THE | Add | ed to Fees | CHANGES TO OFFI | ICERS ANI | | | |
| 10. TITLE NAME STREET ADDRESS | PD TRZCINSKI, RC 12769 PATRIC | OFFICERS AND D | Trust Fund Cont | 11. THE | Add ET ADDRESS -ST-ZIP | ed to Fees | CHANGES TO OFFI | ICERS ANI | | | |
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I hereby certify that the information supplied with this filling 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 fegal 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.

GNATURE:

SIGNATURE AND APED OR PINTED NAME OF Edwing OFFICER OR DIRECTOR

Deytine Phone of

SIGNATURE: