2006 FOR PROFIT CORPORATION

FILED Feb 20, 2006 08:00 AN ANNUAL REPORT **Secretary of State** DOCUMENT # P96000001143 1. Entity Name TJM CO. Principal Place of Business Mailing Address 7461 NORTHWEST 4TH STREET 7461 NORTHWEST 4TH STREET PLANTATION, FL 33317-2216 PLANTATION, FL 33317-2216 No Chg-P CR2E034 (11/05) 02142006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0635951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent HARANO, MA DO NOT WRITE 7461 NORTHWEST 4TH STREET PLANTATION, FL 33317-2216 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be U00000441765 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 03/03/06-80049-010 150.00 10. OFFICERS AND DIRECTORS PST TITLE HARANO, M A STREET ADDRESS 7461 NORTHWEST 4TH STREET CITY-ST-ZIP PLANTATION, FL 333172216 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. 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 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.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> M. A. HARANO Marano GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR