2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 14, 2008 08:00 AM Secretary of State DOCUMENT # P96000094674 1. Entity Name TOMASSO & COP, INC. Principal Place of Business Mailing Address 2263 W NEW HAVEN AVE 2263 W. NEW HAVEN AVENUE **SUITE 379** SUITE 379 WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-3406707 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COP, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 2518 PINEHURST CIR MELBOURNE FL 32901 City Zip Code FI 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 reducered agent. COP T CRAHOIA earthred agent and the flar pleasing AOTE: Registered Agoritie quature required when relectating? DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD TITLE ☐ Derete TITLE ☐ Change ☐ Addition COP, RICHARD J NAMÉ NAME 2518 PINEHURST CIR STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP City-ST-ZIP TITLE VSD ☐ Change ☐ Delete TITLE U00000827917 ■ Addition COP, RICHARD J NAME 02/22/08-80009-017 150.00 NAME STREET ADDRESS 2518 PINEHURST CIR STREET ADDRESS MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP 160 ☐ Darete THILL ☐ Change Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-51-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE ☐ Delete TITLE Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST- RP TITLE ☐ Deiete THE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-ST 7/P

12. Thereby certify that the information supplied with this filing does not qualify for the exernations contained in Section 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 charged, or on an attackment with an address, with all other like empowered. Cop FEB. 11, 2008 321-956-0645

RICHARD J SIGNATURE: