2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000064679

1. Entity Name TMOP, INC.



Principal Place of Business

1350 E NEWPORT CTR

STE 206

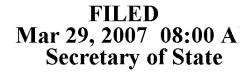
DEERFIELD BEACH, FL 33422 US

Mailing Address

PO BOX 4219

DEERFIELD BEACH, FL 33442-4219 US

DO NOT WRITE IN THIS SPACE





01042007

No Chg-P

CR2E034 (11/05)

4. FEi Number 65-0771649 Applied For Not Applicable

5. Certificate of Status Desired

-

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R C/O JAMES R. KAY, ESQUIRE 700 VILLAGE SQUARE CROSSING, STE. 102B PALM BEACH GARDENS, FL. 33410

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	we named entity submits this statement for the purpose of chang pations of registered agent.	jing its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATUR	F		
· · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE REIBLING, LORENZ STREET ADDRESS 1350 E NEWPORT CTR DR STE 206 CITY-S1-ZIP DEERFIELD BEACH, FL 33442 TITLE REIBLING, GUENTHER 1350 E NEWPORT CTR DR STE 206 STREET ADDRESS CHTY-ST-ZIP DEERFIELD BEACH, FL 33442 **VPAS** KASSOF, LINDA G NAME STREET ADDRESS 1350 E NEWPORT CTR DRD STE 206 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

U00000683385 04/05/07-80041-013 158.75

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12. Thereby certify that the information supplied with this filing 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.

SIGNATURE

SIGNATURE AND TYPED

Linda Kannof

3.26.07 954-428-4585

Daytime Phone #