2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM Secretary of State **DOCUMENT # P99000052569** 1. Enlity Name TFL DEVELOPMENT CORP Principal Place of Business Mailing Address 1010 CHEVY CHASE NE 1010 CHEVY CHASE NE PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0922909 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAMATRICE, THOMAS F 1010 CHEVY CHASE ST. NW DO NOT WRITE PORT CHARLOTTE, FL 33948 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. Signature, typed or printed name of registered agent and tide a applicable (NOTE Registered Agent signature required when registating) DATE 000000783696 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/16/08-80025-005 158.75 OFFICERS AND DIRECTORS TILE NAME LAMATRICE, THOMAS STREET ADDRESS 1010 CHEVY CHASE ST. NW CITY-ST-ZIP PORT CHARLOTTE, FL 33948 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-7IP TOTAL NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS

12. I hereby 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 trustge 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 cyripowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-11-08

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