


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 08:00 AM
Secretary of State

DOCUMENT # V08379 1. Entity Name TYLER II, INC.	
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Principal Place of Business 4 WATER OAK PLACE PALM COAST FL 32137-8054 US	Mailing Address 4 WATER OAK PLACE PALM COAST FL 32137-8054 US
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2. Principal Place of Business Suite, Apt. #, etc. / City & State / Zip / Country	3. Mailing Address Suite, Apt. #, etc. / City & State / Zip / Country
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2nd MOORE CR2E034 (5/05)

4. FEI Number 65-0318188		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCOTT, BLAINE W., III 4 WATER OAK PLACE PALM COAST FL 32137-8054		

7. Name and Address of New Registered Agent Name / Street Address (P.O. Box Number is Not Acceptable) / City /		FL Zip Code
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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: *Blaine W Scott* DATE: 8/5/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE	PTSD <input type="checkbox"/> Delete
NAME	SCOTT, III B W.
STREET ADDRESS	4 WATER OAK PLACE
CITY - ST - ZIP	PALM COAST FL 32137-8054
TITLE	VD <input type="checkbox"/> Delete
NAME	SCOTT, MARY L
STREET ADDRESS	4 WATER OAK PLACE
CITY - ST - ZIP	PALM COAST FL 32137-8054
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000376972
08/24/05-80002-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Blaine W Scott* DATE: 8/5/05 386-446-3069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #