

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F79312 1. Entity Name T.B.I., INC.	
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Principal Place of Business 4301 NW OAK CIRCLE SUITE 14 BOCA RATON, FL 33431	Mailing Address 4301 NW OAK CIRCLE SUITE 14 BOCA RATON, FL 33431
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2190679	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EISENBERG, JAMES L., ESQ. ONE CLEARLAKE CENTER 250 AUSTRALIAN AVE S, SUITE 1300 WEST PALM BEACH, FL 33401

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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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000379991 01/10/06 00045 000 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLAN, WILLIAM JAMES P O BOX 2294 BOCA RATON, FL 33427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAWASKI, CATHY ANN P O BOX 2294 BOCA RATON, FL 33427
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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 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:  William J. Allan	Date 1-6-06	Daytime Phone # 561-392-6364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		