


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000048121

1. Entity Name
 T. A. BUSINESS DEVELOPMENT, INC.



Principal Place of Business 1 SOUTH OCEAN BLVD STE 205 BOCA RATON, FL 33432	Mailing Address 7 SOUTH OCEAN BLVD STE 205 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1007506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE Registered Agent signature required when reinstating)
 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAUSE, WERNER 2401 N. RIVERSIDE DRIVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARCAINI, ANTONIO LE SAINT ANDRE' 20 BOULEVARD DE SUISSE MONACO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 - 04/30/05-80061-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *H. Werner Krause* H. WERNER KRAUSE 4/28/05 (561) 417 7650

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