

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000153115

1. Entity Name
TDB GROUP, INC.



Principal Place of Business
**264531 ROOKERY LAKE DRIVE
 BONITA SPRINGS, FL 34134**

Mailing Address
**264531 ROOKERY LAKE DRIVE
 BONITA SPRINGS, FL 34134**



04022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0505087	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

**KELLY, CHARLES M JR
 2640 GOLDEN GATE PARKWAY
 SUITE 205
 NAPLES, FL 34105**

**DO NOT WRITE
 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE
 NAME **BARTON, DAVID I**
 STREET ADDRESS **26431 ROCKERY LAKE DR.**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE
 NAME **BARTON, PATRICIA Y**
 STREET ADDRESS **26431 ROCKERY LAKE DR.**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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1100000493424
 04/20/06-80004-024 150.00

**DO NOT WRITE
 IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

u/4/06

239-498-5510

Date

Daytime Phone #