


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90240 014 \*\*\*150.00

**DOCUMENT # P07000095224**

1. Entity Name  
**TNS VENTURE ENTERPRISES, INC**



Principal Place of Business  
**520 MAGNOLIA STREET  
 WINTER GARDEN FL 34787**

Mailing Address  
**1112 CHATEAU CIRCLE  
 MINNEOLA FL 34715**

**66013109**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #  
**520 Magnolia St.**

3. Mailing Address  
**1112 Chateau Cir**

Suite, Apt. #, etc.  
**Winter Garden, FL**

Suite, Apt. #, etc.  
**Minneola, FL**

City & State  
**34787 US**

City & State  
**34715 US**

4. FEI Number  
**26-0781645**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AGENTS AND CORPORATIONS, INC.  
 300 FIFTH AVENUE SOUTH  
 SUITE 101-330  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CELI, ANTHONY P 1112 CHATEAU CIRCLE MINNEOLA FL 34715</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CELI, SUSAN M 1112 CHATEAU CIRCLE MINNEOLA FL 34715</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Susan Celi* **4/5/08** **407-970-3446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR