2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 10, 2007 08:00 All Secretary of State **DOCUMENT #215146** 1. Entity Name TBJ HOLDING CORPORATION Mailing Address Principal Place of Business 8423 SAND POINT DR E 8423 SAND POINT DR E IACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 US US CR2E034 (11/05) No Chg-P 03302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1217404 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNES, DAVID P. DO NOT WRITE 8423 SAND POINT DR E JACKSONVILLE, FL 32244 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BARNES, DAVID P NAME 8423 SAND POINT DR E U00000696908 STREET ADDRESS JACKSONVILLE, FL 32244 CITY-ST-ZIP 04/18/07-80020-001 150.0b TITLE TOOMY, HELEN STREET ADDRESS 1700 THE GREENS WAY #251 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 eath; 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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P