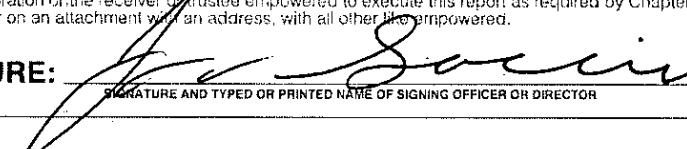


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90014 001 ***558.75

DOCUMENT # F01000006422 1. Entity Name TSB HOLDINGS, INC.					
Principal Place of Business 255 S. ORANGE AVE SUITE 1501, CITRUS CENTER ORLANDO, FL 32801			Mailing Address 255 S. ORANGE AVE SUITE 1501, CITRUS CENTER ORLANDO, FL 32801		
2. Principal Place of Business 7380 Saw Lake Road			3. Mailing Address 8815 Conroy Windermere		
Suite, Apt. #, etc. SUITE 500			Suite, Apt. #, etc. SUITE 104		
City & State ORLANDO FL			City & State ORLANDO FL		
Zip 32819		Country USA		Zip 32835	
Country USA		4. FEI Number 30-0123229			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GIANNETTO, C 8815 CONROY WINDERMERE RD 104 ORLANDO, FL 32835			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 _____ Signature, typed or printed name of registered agent and office (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PD JENKINS, JAMES ☐ Delete 8815 CONROY WINDERMERE RD #104 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIANNETTO, CHARLES ☐ Delete 8815 CONROY WINDERMERE #104 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SADRIANNA, James ☐ Delete 8815 CONROY WINDERMERE #104 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SADRIANNA, James ☐ Change ☒ Addition 8815 CONROY WINDERMERE #104 ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			7-9-04 407-649-8325		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		