

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002157

1. Entity Name  
TMNI INTERNATIONAL INCORPORATED



Principal Place of Business  
2 N RIVERSIDE PLZ #950  
CHICAGO, IL 60606

Mailing Address  
2 N RIVERSIDE PLZ #950  
CHICAGO, IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0425859	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 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 PD  
NAME BLAKE, RONALD L  
STREET ADDRESS 2 N RIVERSIDE PLZ #950  
CITY-ST-ZIP CHICAGO, IL 60606

Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME 700065597707  
STREET ADDRESS 02/10/06-01080--008 \*\*\*150.00  
CITY-ST-ZIP

Change  Addition

TITLE VSD  
NAME ADEL, BRYAN R  
STREET ADDRESS 2 N RIVERSIDE PLZ #950  
CITY-ST-ZIP CHICAGO, IL 60606

Delete

TITLE VSD  
NAME 700065597707  
STREET ADDRESS 02/10/06-01080--008 \*\*\*150.00  
CITY-ST-ZIP

Change  Addition

TITLE TD  
NAME POSNER, KENNETH R  
STREET ADDRESS 2 N RIVERSIDE PLZ #950  
CITY-ST-ZIP CHICAGO, IL 60606

Delete

TITLE TD  
NAME Christopher J. Locke  
STREET ADDRESS 2 N. RIVERSIDE PLAZA, STE 950  
CITY-ST-ZIP Chicago, IL 60606

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

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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

Date

312521-6767  
Daytime Phone #

06 JAN 30 PM 12:52  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE