2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004188

FRITZ, KIMBRA F

SANFORD, FL 32773

3222 RED CLEVELAND BOULEVARD

Name:

Address:

City-St-Zip:

FILED Mar 06, 2009 Secretary of State

Entity Name: TBI OVERSEAS HOLDINGS, INC.							
Current Principal Place of Business:			New Principal Place of Business:				
	CLEVELAND), FL 32773	BOULEVARD					
Current Mailing Address:			New Mailing Address:				
	CLEVELAND), FL 32773	BOULEVARD					
FEI Number:	65-1225275	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status D	esired ()	
Name and	Address of C	Surrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
3222 RED	N, KEITH R CLEVELAND), FL 32773	BLVD US					
	named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered ag	ent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt		Date		
Election Car	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	GOULDTHORP	VELAND BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CLIFTON, ROG	VELAND BOULEVARD	Title: Name: Address: City-St-Zip:	GATEHOUSE	EVELAND BOULEVARD		
Title: Name: Address: City-St-Zip:	ROBINSON, R.	VELAND BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ACKLEY, DAVII	VELAND BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	ATFC ()	Delete	Title:	() Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: R KEITH ROBINSON **TCFD** 03/06/2009