


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F04000004190</b>	
1. Entity Name TBI US OPERATIONS, INC.	

Principal Place of Business 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773	Mailing Address 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1360798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
ROBINSON, KEITH R 3222 RED CLEVELAND BLVD SANFORD, FL 32773	

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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULDTHORPE, LARRY D 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLIFTON, ROGER C 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO ROBINSON, R. KEITH 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ACKLEY, DAVID E 3222 RED CLEVELAND BLVD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATFC FRITZ, KIMBRA 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 empowered	
SIGNATURE: <u>R Keith Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/20/08</u> Daytime Phone #: <u>407-585-4500</u>

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03/13/08-80019-023 150.00

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