

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90170 028 ***150.00

DOCUMENT # F07000005421					
1. Entity Name TALENTBRIDGE INTERNATIONAL, INC.					
Principal Place of Business 297-101 KINDERKAMACK ROAD SUITE 136 ORADELL, NJ 07649			Mailing Address 297-101 KINDERKAMACK ROAD SUITE 136 ORADELL, NJ 07649		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-8704101				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331			7. Name and Address of Now 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CP <input type="checkbox"/> Delete ANDERSON, MARK 297-101 KINDERKANMACK ROAD, SUITE 136 ORADELL, NJ 07649		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 297-101 KINDERKAMACK ROAD, SUITE 136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVF <input type="checkbox"/> Delete STEADMAN, TONY 297-101 KINDERKANMACK ROAD, SUITE 136 ORADELL, NJ 07649		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 297-101 KINDERKAMACK ROAD, SUITE 136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete ROSI, DAVID 297-101 KINDERKANMACK ROAD, SUITE 136 ORADELL, NJ 07649		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 888 WASHINGTON ST. DEDHAM, MA 02026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BADAVAS, ROBERT 297-101 KINDERKANMACK ROAD, SUITE 136 ORADELL, NJ 07649		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 888 WASHINGTON ST. DEDHAM, MA 02026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete STEADMAN, TONY 297-101 KINDERKANMACK ROAD, SUITE 136 ORADELL, NJ 07649		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 297-101 KINDERKAMACK ROAD, SUITE 136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.					
SIGNATURE: <i>David G. Rosi</i> DAVID ROSI, TREASURER 4/24/08 781-251-8223					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					