2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G75525

1. Entity Name
TBE GROUP, INC.

Principal Place of Business	Mailing Address
380 PARK PLACE BLVD STE 300 CLEARWATER, FL 33759	380 PARK PLACE BLVD STE 300 CLEARWATER, FL 33759

02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2367433

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAVITZ, EDWARD O ESQ.
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

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

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

000000478155
04/07/06-80020-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEYER, PATRICK L PE
STREET ADDRESS	380 PARK PLACE BLVD STE 300
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	SVP
NAME	SNYDER, CRAIG D CFO
STREET ADDRESS	380 PARK PLACE BLVD STE 300
CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	EV
NAME	MILITELLO, SAM PE
STREET ADDRESS	380 PARK PLACE BLVD STE 300
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	SV
NAME	BROWN, ROBERT G PE
STREET ADDRESS	380 PARK PLACE BLVD STE 300
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	ASEC
NAME	HOWARTH, STEVEN P PE
STREET ADDRESS	380 PARK PLACE BLVD STE 300
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	ASEC
NAME	WILLIAMS, GIB
STREET ADDRESS	380 PARK PLACE BLVD STE 300
CITY-ST-ZIP	CLEARWATER, FL 33759

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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: Craig D. Snyder , CRAIG D. SNYDER 2/27/2006 727-431-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #