

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # G75525

1. Entity Name
TBE GROUP, INC.



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

Mailing Address
380 PARK PLACE BLVD
STE 300
CLEARWATER, FL 33759



02282007 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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IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

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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03/15/07-80039-006 158.75

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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

03/01/2007

727.531.3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #