

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K08747 1. Entity Name TBLM, INC.					
Principal Place of Business 3090 EVANS AVENUE FT. MYERS FL 33901 US			Mailing Address 3090 EVANS AVENUE FT. MYERS FL 33901 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0025726	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BELCHER, WADE H II 1375 JACKSON ST., STE 303 FT MYERS FL 33901				7. Name and Address of New 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 reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May i Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO DIRECTORS IN 11		
TITLE VD ☐ Delete NAME GRUNBERG, MARK STUART STREET ADDRESS 2550 ESTERO BLVD CITY-ST-ZIP FORT MYERS BEACH FL			TITLE U00000439233 ☐ Change ☐ Add NAME 03/01/06-80038-002 STREET ADDRESS 450.00 CITY-ST-ZIP		
TITLE PD ☐ Delete NAME GRUNBERG, MARK STUART STREET ADDRESS 2550 ESTERO BLVD CITY-ST-ZIP FORT MYERS BEACH FL			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Add 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 Section 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: MARK S. GRUNBERG **02/14/06** **337-7292** **(23A)**