2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

12. I hereby certify that the Normation supplied with this filling indicated on this report by supplemental report is true and a

indicated on this report of the corporation or changed, or on an a

SIGNATURE:

Mar 07, 2005 08:00 AM **Secretary of State** DOCUMENT # K77262 1. Entity Name T.V.I. CAPITAL CORPORATION Principal Place of Business Mailing Address 222 LAKEVIEW AVE., SUITE 160-124 P. O. BOX 669 PALM BEACH, FL 33480 W. PALM BEACH, FL 33401 UŠ 03022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0222022 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MINTMIRE ESQ., DONALD F. DO NOT WRITE 265 SUNRISE AVE., SUITE 204 PALM BEACH, FL 33480 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FINFROCK, DALE B. NAME U00000254406 03/07/05-80073-012 150.00 221 PARK AVE, POB 669 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

ormation supplied with this filing close not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information suppliemental report is true and advurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director excliver 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

FILED