

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51909

Entity Name: TCB INTERNATIONAL, INC.

FILED  
Apr 14, 2006  
Secretary of State

## Current Principal Place of Business:

399 GROVE ISLE CIR  
VERO BEACH, FL 32962

## New Principal Place of Business:

399 GROVE ISLE CIRCLE  
VERO BEACH, FL 32962 US

## Current Mailing Address:

399 GROVE ISLE CIR  
VERO BEACH, FL 32962

## New Mailing Address:

399 GROVE ISLE CIRCLE  
VERO BEACH, FL 32962 US

FEI Number: 65-0276773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DOMONKOS, JOHN  
399 GROVE ISLE CIR  
VERO BEACH, FL 32962 US

## Name and Address of New Registered Agent:

DOMONKOS, JOHN  
399 GROVE ISLE CIRCLE  
VERO BEACH, FL 32962 US

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.

SIGNATURE: JOHN DOMONKOS

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: DOMONKOS, JOHN,  
Address: 399 GROVE ISLE CIR  
City-St-Zip: VERO BEACH, FL

Title: DVP ( ) Delete  
Name: SAMBORA, ROBERT A  
Address: 399 GROVE ISLE CIR  
City-St-Zip: VERO BCH, FL

Title: S ( ) Delete  
Name: DOMONKOS, ELIZABETH,  
Address: 399 GROVE ISLE CIR  
City-St-Zip: VERO BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: DOMONKOS, JOHN,  
Address: 399 GROVE ISLE CIRCLE  
City-St-Zip: VERO BEACH, FL 32962 US

Title: DVP (X) Change ( ) Addition  
Name: SAMBORA, ROBERT A  
Address: 399 GROVE ISLE CIRCLE  
City-St-Zip: VERO BEACH, FL 32962 US

Title: ST (X) Change ( ) Addition  
Name: DOMONKOS, ELIZABETH,  
Address: 399 GROVE ISLE CIRCLE  
City-St-Zip: VERO BEACH, FL 32962 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DOMONKOS

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

Date