

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 17, 2005
Secretary of State**

DOCUMENT# N99000006702

Entity Name: NMBPD - TOUR DE FORCE, INC.

Current Principal Place of Business:

ATTN: MICHAEL DEMARCUS
16901 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

ATTN: MICHAEL DEMARCUS
16901 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1005145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

H. JAMES CATLIN, JR.
1700 ALFRED I. DUPONT BUILDING
169 E. FLAGLER STREET
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEMARCUS, MICHAEL
Address: 16901 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33138

Title: VD () Delete
Name: VICKERS, CLIFF
Address: 10050 NE 2ND AVENUE
City-St-Zip: MIAMI SHORES, FL 33138

Title: STD () Delete
Name: LOVE, DENISE
Address: 16901 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33138

Title: D () Delete
Name: CATLIN, CRAIG
Address: 16901 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33138

Title: D () Delete
Name: DORAS, BRUCE
Address: 16901 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: CRISPIN, DAVE
Address: 16901 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE LOVE

STD

05/17/2005

Electronic Signature of Signing Officer or Director

_____ Date