

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2009  
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 L  
Address: 16901 NE 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD      ( ) Delete  
Name: CATLIN, CRAIG  
Address: 16901 NE 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: STD      ( ) Delete  
Name: LOVE, DENISE  
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

Title: D      ( ) Delete  
Name: DORAS, BRUCE  
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:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. DEMARCUS

DIR

05/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date