2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051202

Entity Name: TBA ENTERPRISES, INC.

FILED Apr 30, 2007 Secretary of State

	Current Principal Place of Business:	New Principal Place of Business
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C/O ASSOCIATED TAX CONSULTANTS GROUP

C/O ASSOCIATED TAX CONSULTANTS GROUP

P.O. BOX 290548 5400 S UNIVERSITY DRIVE, SUITE 601

DAVIE, FL 333290548 DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

C/O ASSOCIATED TAX CONSULTANTS GROUP P.O. BOX 290548 DAVIE, FL 333290548

FEI Number: 65-1010992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASSOCIATED TAX CONSULTANTS GROUP 5400 S. UNIVERSITY DRIVE SUITE 601 DAVIE, FL 33328 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BLUDAU, ROBERT
 Name:
 BLUDAU, ROBERT

 Address:
 P.O. BOX 290548
 Address:
 P.O. BOX 290548

 City-St-Zip:
 DAVIE, FL 333290548
 City-St-Zip:
 DAVIE, FL 333290548

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: D'ALESSANDRO, THERSA Name: D'ALESSANDRO, THERESA

 Address:
 P.O. BOX 290548
 Address:
 P.O. BOX 290548

 City-St-Zip:
 DAVIE, FL 333290548
 City-St-Zip:
 DAVIE, FL 333290548

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BLUDAU P 04/30/2007