

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000079864

1. Entity Name

TBE GROUP (MICHIGAN), INC.



Principal Place of Business

**380 PARK PLACE BLVD SUITE 300
CLEARWATER, FL 33759**

Mailing Address

**380 PARK PLACE BLVD SUITE 300
CLEARWATER, FL 33759**

DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number

60-0002722

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAVITZ, EDWARD O ESQ
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**000000478191
04/07/06-80021-005 158.75**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME BEYER, PATRICK L
STREET ADDRESS 380 PARK PLACE BLVD, STE 300
CITY-ST-ZIP CLEARWATER, FL 33759**

**TITLE SVP
NAME SNYDER, CRAIG D CFO
STREET ADDRESS 380 PARK PLACE BLVD, STE 300
CITY-ST-ZIP CLEARWATER, FL 33759**

**TITLE S
NAME SOWERS, JEFFREY A
STREET ADDRESS 526 S. CREYTS RD. SUITE C
CITY-ST-ZIP LANSING, MI 48917**

**TITLE AS
NAME SPANGENBERG, DAVID C
STREET ADDRESS 526 S. CREYTS RD. SUITE C
CITY-ST-ZIP LANSING, MI 48917**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Craig D. Snyder **CRAIG D. SNYDER**

2/27/2006

727-431-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #