
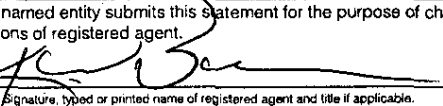



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90155 008 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # P01000114452 1. Entity Name THUNDER BAY, INC. | |  | |
| Principal Place of Business 6565 44TH ST NO #1008 PINELLAS PARK, FL 33781 | | Mailing Address PO BOX 56425 ST. PETERSBURG, FL 33732 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 6565 44th NORTH #1008 | |
| City & State PINELLAS PARK, FL | | 4. FEI Number 45-1539527 | |
| Zip 33781 | | Country US | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, KEVIN C 7116 15TH STREET NO. SAINT PETERSBURG, FL 33702 | | 7. Name and Address of New Registered Agent Name KEVIN C. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 6565 44th ST NO #1008 City PINELLAS PARK FL Zip Code 33781 | |
| 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:  DATE: 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, KEVIN C PO BOX 56425 ST PETERSBURG, FL 33732 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KEVIN C WILLIAMS 6565 44th STREET NORTH #1008 PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | Date: 4-29-04 Daytime Phone #: 727-521-9536 | |