2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004785

Entity Name: TDK RESTORATION, INC.

FILED Feb 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4740 WHISPERING WIND AVE. 4105 GUNN HWY. TAMPA, FL 33614 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

4740 WHISPERING WIND AVE. 4105 GUNN HWY TAMPA, FL 33614 TAMPA, FL 33618

FEI Number: 26-0014206 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:

KNOTTS, TOM KNOTTS, TOM L PRES 4740 WHISPERING WIND AVE. TAMPA, FL 33614 US TAMPA, FL 33614 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: THOMAS L KNOTTS 02/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition

Name: KNOTTS, THOMAS Name: KNOTTS, THOMAS

Address: 311 W. LAMBRIGHT STREET Address: 4740 WHISPERING WIND AVE

City-St-Zip: TAMPA, FL 33604 City-St-Zip: TAMPA, FL 33614

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

SIGNATURE: THOMAS L KNOTTS PRES 02/01/2005