

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004785

Entity Name: TDK RESTORATION, INC.

FILED  
Mar 31, 2006  
Secretary of State

**Current Principal Place of Business:**

4105 GUNN HWY.  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4105 GUNN HWY  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 26-0014206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNOTTS, TOM L PRES  
4740 WHISPERING WIND AVE.  
TAMPA, FL 33614 US

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

KNOTTS, TOM L PRES  
12414 JULIUS ST.  
TAMPA, FL 33612 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

03/31/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: KNOTTS, THOMAS  
Address: 4740 WHISPERING WIND AVE  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KNOTTS, THOMAS L  
Address: 12414 JULIUS ST.  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS L KNOTTS

Electronic Signature of Signing Officer or Director

PRES

03/31/2006

Date