

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90254 050 ***150.00

DOCUMENT # P02000025346

1. Entity Name

TMB'S IMPORTED PICTURE FRAMES, INC.



Principal Place of Business

146 PONDELLA RD
 NORTH FT MYERS FL 33903

Mailing Address

146 PONDELLA RD
 NORTH FT MYERS FL 33903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

04-3623449

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVAK-ECKENROAD, MARY BETH
 80-E PONDELLA ROAD
 NORTH FT MYERS FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

146 PONDELLA RD

City

N. Ft. MYERS

FL

Zip Code

33903

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

Mary Beth Novak-Eckenroad

MARY BETH NOVAK-ECKENROAD PRES.

15 March 2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> Delete
NAME ECKENROAD-NOVAK, MARY BETH		
STREET ADDRESS 80 E PONDELLA RD		
CITY-ST-ZIP NORTH FORT MYERS FL 33903		
TITLE	VP	<input type="checkbox"/> Delete
NAME ECKENROAD, TIMOTHY C		
STREET ADDRESS 80E PONDELL RD		
CITY-ST-ZIP NORTH FORT MYERS FL 33903		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME 146 PONDELLA RD		
STREET ADDRESS N. Ft. MYERS, FL 33903		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME 146 PONDELLA RD		
STREET ADDRESS N. Ft. MYERS, FL 33903		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary Beth Novak-Eckenroad

MARY BETH NOVAK-ECKENROAD

15 March 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

739-997-5135