

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090715

Entity Name: TMZ ENTERPRISES, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

16553 TURQUOISE TR.
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

16229 EMERALD COVE RD
WESTON, FL 33331 US

New Mailing Address:

16553 TURQUOISE TR.
WESTON, FL 33331 US

FEI Number: 82-0559876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, MICHELLE L
16553 TURQUOISE TR
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, MICHELLE L
Address: 16553 TURQUOISE TR
City-St-Zip: WESTON, FL 33331 US

Title: VP () Delete
Name: CASTALINE, TODD M
Address: 16553 TURQUOISE TR
City-St-Zip: WESTON, FL 33331

Title: S () Delete
Name: CASTALINE, TODD M
Address: 16553 TURQUOISE TR
City-St-Zip: WESTON, FL 33331 US

Title: T () Delete
Name: CAMPBELL, MICHELLE L
Address: 16553 TURQUOISE TR
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE L CAMPBELL

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date