

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090715

Entity Name: TMZ ENTERPRISES, INC.

FILED  
Mar 25, 2006  
Secretary of State

## Current Principal Place of Business:

16553 TURQUOISE TR.  
WESTON, FL 33331 US

## New Principal Place of Business:

10151 NE 60 STREET  
BRONSON, FL 32621 US

## Current Mailing Address:

16553 TURQUOISE TR.  
WESTON, FL 33331 US

## New Mailing Address:

PO BOX 12404  
GAINESVILLE, FL 32604 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:

CAMPBELL, IRIS  
10151 NE 60 STREET  
BRONSON, FL 32621 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: IRIS CAMPBELL

03/25/2006

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: P (X) Change ( ) Addition  
Name: CAMPBELL, MICHELLE L  
Address: PO BOX 12404  
City-St-Zip: GAINESVILLE, FL 32604 US

Title: VP (X) Change ( ) Addition  
Name: CASTALINE, TODD M  
Address: PO BOX 12404  
City-St-Zip: GAINESVILLE, FL 32604

Title: S (X) Change ( ) Addition  
Name: CASTALINE, TODD M  
Address: PO BOX 12404  
City-St-Zip: GAINESVILLE, FL 32604 US

Title: T (X) Change ( ) Addition  
Name: CAMPBELL, MICHELLE L  
Address: PO BOX 12404  
City-St-Zip: GAINESVILLE, FL 32604 US

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: MICHELLE L CAMPBELL

P

03/25/2006

Electronic Signature of Signing Officer or Director

Date