

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017534

Entity Name: T-BRACELETS, INC.

FILED
May 07, 2005
Secretary of State

Current Principal Place of Business:

P. O. BOX 9688
ST PETERSBURG, FL 33740 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9688
ST PETERSBURG, FL 33706 US

New Mailing Address:

FEI Number: 02-0675546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPERMAN, PAUL B
11750 7 ST E
ST PETERSBURG, FL 33706 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: COOPERMAN, PAUL B
Address: 11750 7 ST E
City-St-Zip: ST PETERSBURG, FL 33706

Title: CEO () Delete
Name: WILLIAMS, JULIE
Address: 10107 KNOLLSWAY COURT
City-St-Zip: TAMPA, FL 33625 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAUL B COOPERMAN

COO

05/07/2005

Electronic Signature of Signing Officer or Director

Date