
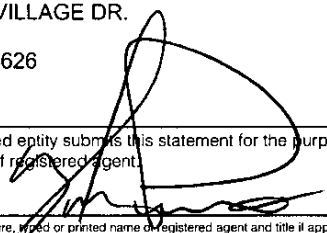
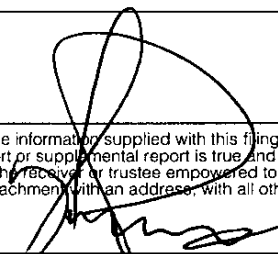


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90433 030 ***150.00

DOCUMENT # P03000032041 1. Entity Name THOROUGHbred TELEVISION NETWORK, INC.					
Principal Place of Business 8807 CITRUS VILLAGE DR. # 108 TAMPA, FL 33626 US		Mailing Address 8807 CITRUS VILLAGE DR. # 108 TAMPA, FL 33626 US			
2. Principal Place of Business 18501 Council Crest Dr. Suite, Apt. #, etc.		3. Mailing Address 1853 Gunn Hwy #. #343 Suite, Apt. #, etc.			
City & State Odessa, FL Zip 33556		City & State Tampa, FL Zip 336026		4. FEI Number 03-0377936 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIANO, VIC 8807 CITRUS VILLAGE DR. # 108 TAMPA, FL 33626			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 18501 Council Crest Dr. City Odessa FL Zip Code 33556		
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  Victor P. Pano DATE 4-26-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D PIANO, VIC 8807 CITRUS VILLAGE DR. #108 TAMPA, FL 33626	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 18501 Council Crest Dr. Odessa, FL 33556
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD PIANO, SHERRIE 8807 CITRUS VILLAGE DR #108 TAMPA, FL 33626	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 18501 Council Crest Dr. Odessa, FL 33556
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Victor P. Pano <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-26-06 Daytime Phone # 813-792-8028		