


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90028 039 ***150.00

DOCUMENT # P03000087578			
1. Entity Name TANABUNZ, INC.			
Principal Place of Business 15014 HEATHRIDGE DRIVE TAMPA, FL 33625 <i>8450 N. 5th Ave. 1000 Rd. Tampa, FL 33615</i>		Mailing Address 15014 HEATHRIDGE DRIVE TAMPA, FL 33625 <i>19316 GARDEN QU. HCR. Lutz, FL 33558</i>	
DO NOT WRITE IN THIS SPACE		01172008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 11-3699554	
DO NOT WRITE IN THIS SPACE		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
PEREZ, FRANK III 3127 W SLIGH AVE. 104-B TAMPA, FL 33614		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			
TITLE	P		
NAME	DU BOIS, WAYNE A		
STREET ADDRESS	15314 HEATHRIDGE DRIVE		
CITY - ST - ZIP	TAMPA, FL 33625		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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TITLE			
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 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: <i>Wayne A. DuBois</i>		Date: <i>4/28/08</i> Daytime Phone #: <i>813 888 5505</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	