

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 27, 2008 8:00 am
Secretary of State

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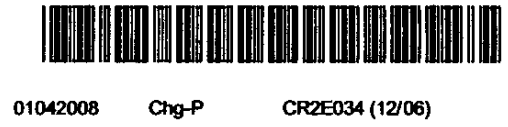
1. Entity Name
TERMINAL VELOCITY CYCLES INC.



Principal Place of Business Mailing Address
6565 44TH ST. NO. **6565 44TH ST. NO.**
STE. 1007 **STE. 1007**
PINELLAS PARK, FL 33781 **PINELLAS PARK, FL 33781**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



4. FEI Number Applied For
06-1705779 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEA, TIMOTHY S
6565 44TH ST. NO.
STE. 1007
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name **SHEA TIMOTHY S.**
 Street Address (P.O. Box Number is Not Acceptable) **6565 44TH ST. N. STE. 1007**
 City **PINELLAS PARK** FL Zip Code **33781**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHEA, TIMOTHY S	228 1/2 S.W. LINCOLN CIRCLE NO.	ST. PETERSBURG, FL 33703	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SHEA TIMOTHY S	6565 44TH ST. N. STE 1007	PINELLAS PARK FL 33781	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  3-24-08 727-522-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #