

2006 FOR PROFIT CORPORATION ANNUAL REPORT


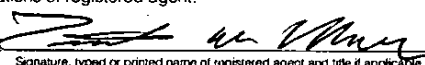
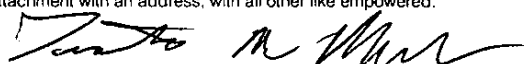
FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 040 ***150.00

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02232006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000136845			
1. Entity Name TC TRIM, INC.			
Principal Place of Business 975 HYDE PARK BLVD # 105 LAKELAND, FL 33810		Mailing Address 975 HYDE PARK BLVD # 105 LAKELAND, FL 33810	
2. Principal Place of Business 950 14th Street NE Suite, Apt. #, etc.		3. Mailing Address 950 14th Street NE Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33881 - Country		Zip 33881 - Country	
4. FEI Number 36-4544793		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 CLARK, TRINIDEE M 975 HYDE PARK BLVD # 105 LAKELAND, FL 33810		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 950 14th Street NE City WINTER HAVEN FL Zip Code 33881	
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 2/23/06	
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, 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	PD CLARK, TRINIDEE M 975 HYDE PARK BLVD # 105 LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 14th STREET NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE 2/23/06 (863) 206-9244	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	