

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90166 010 ***158.75

DOCUMENT # P04000063122					
1. Entity Name TIGERBRITE, INC.					
Principal Place of Business 5731 90TH AVE. N. PINELLAS PARK, FL 33782			Mailing Address 5731 90TH AVE. N. PINELLAS PARK, FL 33782		
2. Principal Place of Business 2945 C. East Bay Dr. # Suite, Apt. #, etc. #110 City & State Largo, Fl. Zip 33771 Country U.S.A		3. Mailing Address 2945 C. East Bay Dr. Suite, Apt. #, etc. #110 City & State Largo, Fl. Zip 33771 Country U.S.A			
4. FEI Number 01152005 Chg-P				CR2E034 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, SCOTT W 5731 90TH AVE. N. PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005 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	D SHAW, SCOTT W 5731 90TH AVE. N. PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Scott W Shaw</u> <u>March 1, 2005</u> <u>(727) 433-2434</u>		