

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000063122

1. Entity Name
TIGERBRITE, INC.



Principal Place of Business
2945 C EAST BAY DR
110
LARGO, FL 33771

Mailing Address
2945 C EAST BAY DR
110
LARGO, FL 33771

2. Principal Place of Business
8301 65th STREET N

3. Mailing Address
PO BOX 1937

Suite, Apt. #, etc
PINELLAS PARK

Suite, Apt. #, etc
PINELLAS PARK

City & State
FLORIDA

City & State
FLORIDA

Zip
33781

Country
USA

Zip
33780

Country
USA



08302006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$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 transferring) DATE: _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D SHAW, SCOTT W ☒ Delete
STREET ADDRESS
CITY- ST- ZIP
5731 90TH AVE. N.
PINELLAS PARK, FL 33782

TITLE
NAME
D SHAW, SCOTT W. ☐ Delete
STREET ADDRESS
CITY- ST- ZIP
8301 65th STREET N
PINELLAS PARK, FL 33781

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
300080962963
10/18/06--01046--013 **\$550.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
B 10/11/06

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 or without other like empowered.

SIGNATURE: Scott W. Shaw: SCOTT W. Shaw, Oct. 2, 2006; 433-2434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone)

FILED
2006 OCT 10 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA