2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114925

Entity Name: TBAM ENTERPRISES, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5950 LAKEHURST DR. 1516 E COLONIAL DR

SUITE 169 SUITE 107

ORLANDO, FL 32819 US ORLANDO, FL 32803 US

Current Mailing Address: New Mailing Address:

5950 LAKEHURST DR. 1516 E COLONIAL DR

SUITE 169 SUITE 107

ORLANDO, FL 32819 US ORLANDO, FL 32803 US

FEI Number: 20-1458859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACCOUNT BOOKKEEPING CORP DE ALMEIDA, PAULO 5950 LAKEHURST DR. 1516 E COLONIAL DR SUITE 246 SUITE 107

ORLANDO, FL 32819 US ORLANDO, FL 32803 US

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.

SIGNATURE: PAULO DE ALMEIDA 05/05/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GOUVEA, MARIA C F Name: Name: DE ALMEIDA, PAULO 100 LEAO MACHADO AV S 45 1516 E COLONIAL DR SUITE 107 Address: Address:

ORLANDO, FL 32803 US City-St-Zip: SAO PAULO, SP 05328-020 BR City-St-Zip:

() Delete Title: Title: DVP (X) Change () Addition DS

Name: ALMEIDA, RODE M F Name: ALMEIDA, RODE M F

6392 MIRAMONTE DR # 103 1516 E COLONIAL DR SUITE 107 Address: Address: ORLANDO, FL 32835 US ORLANDO, FL 32803 US City-St-Zip: City-St-Zip:

Title: Title: DT (X) Delete () Change () Addition

DE ALMEIDA, PAULO Name: Name: 6392 MIRAMONTE DR # 103 Address: Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULO DE ALMEIDA DP 05/05/2008