2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

| PRINCIPAL PRIOR OF DUSINESS 707 NW ARCHER AVENUE PORT ST LUCIE, F1 34983 500 376 06 2. Principal Place of Business 3. Mailing Address 9 Sules, Apt. # 6tc. City & State C | DOCUMENT # P04000121507 1. Entity Name TB MACH INC | | | | | | 04-18-2005 | 90324 045 * | **15 | 0.00 |
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| PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 349 | Principal Place of Business Mailing Address | | | | | 1 | | | | |
| 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. O4142005 Chg. P CR2E034 (10/02) | 707 NW ARC | HER AVENUE | • | | | | £0.0 | ina | O. S. A. | |
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| City & State Country Country Country Country State | 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| See | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04142005 | Chg-P | CR2E034 (16 | 0/03) | | |
| S. Carriculate of Status Usering Fee Required F | City & State | | | | | 4. FEI Numbe 54 - | 216016 | 5 | | |
| AZZARO. SALVATORE 707 NW ARCHER AVENUE PORT ST LUCIE, FL 34983 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 lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamitar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamit | Zip | Country | Zip | p Count | | 5. Certificate | of Status Desired | | | |
| AZZARO, SALVATORE 707 NW ARCHER AVENUE PORT ST LUCIE, FL 34983 City FL Zip Code 6. The above named ontiny 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of Florida agent the obligation of the state of Florida. I am familiar with, and accept the obligation of Florida agent the obligation | | 6. Name and Address of Current Registered Agent | | | | 7. Name and | Address of New R | egistered Agent | | |
| Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | Name | | | | | |
| E. The above named ortify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with and accept the obligations of registered agent, or both, in the State of Florida. I am lamitian with, and accept the new lamitian with a decision of the new lamitian with an accept the new lamitian with a decision of the new lamitian with | 707 NW ARCHER AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, Trade or protect Agent sportage Agent | 1011101 | 200.2,12 04000 | | | | | | | | |
| THE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 TO SPECIAL PROPERTY OF PORTS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. THE NAME AZZARO, SALVATORE STREET ADDRESS OITY-ST-ZIP OPORT ST LUCIE, FL 34983 TILE DEIde THE NAME STREET ADDRESS OITY-ST-ZIP THE NAME STREET | | | | City | FL Zip Code | | | | | |
| SIGNATURE Signature, typical or protest have of legal acceptance and list if ecolocides (NOTE: Registered Agree requirer to out-and aftern remissioning) DATE | | | | | | | | | | |
| SIGNATURE Signature, Typed or promoted name of impostatered agent and list if applicable (NOTE Registered Agent Royalars incolument when namelitating) PATE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E DPS AZZARO, SALVATORE SITERE ADDRESS CITY-S1-2IP PORT ST LUCIE, FL 34983 OTO NW ARCHER AVENUE PORT ST LUCIE, FL 34983 OTO NW ARCHER AVENUE PORT ST LUCIE, FL 34983 OTO NW ARCHER AVENUE PORT ST LUCIE, FL 34983 OTO NW ARCHER AVENUE PORT ST LUCIE, FL 34983 OTO NW ARCHER AVENUE PORT ST LUCIE, FL 34983 OTO NW ARCHER AVENUE OTO SITERE ADDRESS CITY-S1-2IP III.E NAME SIREET ADDRESS CITY-S1-2IP III.E NAME | | | | | | | | | | |
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| | | cortifu that the information available with | th this filing does not available for | | | Section 110.07/01 | (i) Barida Statutan | I further costing to | at the in | formation |

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 oat; 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 an oddress with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF LIGHT OF DIRECT

4/14/05

172-201-507