2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128720

Title:

Name:

Address:

City-St-Zip:

SEC

Entity Name: T-N-T PARTY CREATIONS, INC

() Delete

JOHNSON, MELISCIA N

JACKSONVILLE, FL 32218

1743 DAYTONA LANE

FILED Apr 24, 2005 Secretary of State

•		,					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	BBLESTONE IVILLE, FL 32	FOREST CIR. NORTH 225 US					
Current Mailing Address:			New Maili	New Mailing Address:			
	BBLESTONE IVILLE, FL 32	FOREST CIR. NORTH 225 US					
FEI Number:	: 02-0732324	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1743 DAY	N, MELISCIA N TONA LANE IVILLE, FL 32						
	named entity e of Florida.	submits this statement for th	e purpose of changing i	ts registered	d office or registered agent, o	r both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered A	\gent		Date		
Election Car	mpaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CLAYTON, KA	ESTONE FOREST CIR N	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	REDDICK-TH 11037 KEY	(X) Change () Addition HOMAS, ALTONYA M CORAL DRIVE LLE, FL 32218		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALTONYA REDDICK-THOMAS VP 04/24/2005

() Change () Addition