## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000167381

City-St-Zip: CAPE CORAL, FL 33904

Entity Name: T-BAY TRANQUILITY BAY CORPORATION

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	AYETTE STRE RAL, FL 33904			
Current Mailing Address:			New Mailing Address:	
	AYETTE STRE RAL, FL 33904			
FEI Number	: 20-2113024	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
1318 LAFA CAPE CO	DMAS W CPA AYETTE STRE RAL, FL 33904	4 US		
	e named entity : e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electror	ic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD ( ) KREUZER, ED 1318 LAFAYET CAPE CORAL,	TE STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) GMBH, ZEMSO 1318 LAFAYET CAPE CORAL,	TE STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) UHLIG, WOLFO 1318 LAFAYET CAPE CORAL,	TE STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) PAVLICK, SON 1318 LAFAYET CAPE CORAL,	TE STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	D ( ) MANN, SILVIO 1318 LAFAYET	Delete	Title: Name: Address:	( ) Change ( ) Addition

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

City-St-Zip:

SIGNATURE: KREUZER EDWIN PD 04/19/2006