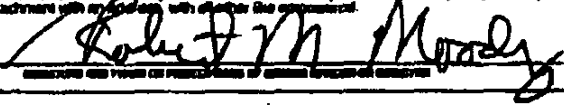


FILED
May 08, 2006 8:00 am
Secretary of State

04-19-2006 90087 018 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000063833			
1. Entity Name TELL BOB, INC.			
Principal Place of Business 8420 BYRON AVE - #12 MIAMI BEACH, FL 33141		Mailing Address 8420 BYRON AVE - #12 MIAMI BEACH, FL 33141	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 42-1669244		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOODY, ROBERT 8420 BYRON AVE - #12 MIAMI BEACH, FL 33141		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 certifies 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: 		Date: 	
FILE NUMBER: FILE IS \$988.00 After May 1, 2006 Fee will be \$588.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Plans	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MOODY, ROBERT 8420 BYRON AVE - #12 MIAMI BEACH, FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information included 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 110, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my name, with either the corporation.			
SIGNATURE: 		Date: 	

66015169



04062006 Chg-P CR2E034 (11/05)

Acct #
185-4540531