

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90449 035 ***150.00

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04172006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000064707			
1. Entity Name TVM SERVICES INC.			
Principal Place of Business 435 GLENWOOD DR W PALM BCH, FL 33415		Mailing Address 435 GLENWOOD DR W PALM BCH, FL 33415	
2. Principal Place of Business 1504 SCRANTON AVE Suite, Apt. #, etc.		3. Mailing Address 1504 SCRANTON AVE Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33756		Country USA	
4. FEI Number 20-2797574		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLADA, JOAQUIN A 435 GLENWOOD DR W PALM BCH, FL 33415		7. Name and Address of New Registered Agent Name: JOAQUIN A. VILLADA Street Address (P.O. Box Number is Not Acceptable): 1504 SCRANTON AVE. City: Clearwater FL Zip Code: 33756	
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 familiar with, and accept the obligations of registered agent.			
SIGNATURE:		DATE: 4/25/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: VILLADA, JOAQUIN A STREET ADDRESS: 435 GLENWOOD DR CITY-ST-ZIP: W PALM BCH, FL 33415	<input type="checkbox"/> Delete	TITLE: P NAME: VILLADA, JOAQUIN A STREET ADDRESS: 1504 SCRANTON AVE CITY-ST-ZIP: CLEARWATER, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date: _____ Daytime Phone #: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			