2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 08:00 A Secretary of State **DOCUMENT # P05000098570** 1. Entity Name TLB COMMUNITY TIES, INC. Principal Place of Business Mailing Address 8210 VIA BELLA ST. 8210 VIA BELLA ST. SANFORD, FL 32771 SANFORD, FL 32771 02222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0120961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALINT, TRACY L DO NOT WRITE 8210 VIA BELLA ST SANFORD, FL 32771 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BALINT, TRACY L STREET ADDRESS 8210 VIA BELLA ST. CITY-ST-ZIP SANFORD, FL 32771 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000757024

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 an address, with all other like e

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

FILED

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