


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90068 022 ***150.00

DOCUMENT # P93000060905	
1. Entity Name TNT VENDING, INC.	

Principal Place of Business 2015 WEAVER PARK DRIVE CLEARWATER, FL 33765 US	Mailing Address P.O. BOX 2122 DUNEDIN, FL 34698 US
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40053755



01072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 2795 Long Putt Court Suite, Apt. #, etc. Palm Harbor	3. Mailing Address 2795 Long Putt Ct Suite, Apt. #, etc. Palm Harbor
City & State Florida	City & State Florida
Zip 34683	Country
Zip 34683	Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GULOTTA, THOMAS B 2795 LONG PUTT COURT PALM HARBOR, FL 34683	
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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 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: *Thomas B. Gulotta*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE GULOTTA, THOMAS B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GULOTTA, THOMAS B		NAME 2795 LONG PUTT CT	
STREET ADDRESS 2795 LONG PUTT CT		STREET ADDRESS PALM HARBOR, FL 34683	
CITY - ST - ZIP PALM HARBOR, FL 34683		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *Thomas B. Gulotta* **THOMAS B. GULOTTA** 4-3-07 7277350404
Signature and typed or printed name of signing officer or director Date Daytime Phone #