2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072375

Entity Name: T.C.B. INFORMATION SERVICES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

141 STEVENS AVE. SUITE #7

OLDSMAR, FL 34677 US

Current Mailing Address: New Mailing Address:

141 STEVENS AVE. SUITE #7

OLDSMAR, FL 34677 US

FEI Number: 59-3253126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLACK, ANTHONY K 7028 W WATERS AVE

7028 W WATERS AVE SUITE 128

TAMPA, FL 33634 US OLDSMAR, FL 346772954 US

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.

SIGNATURE: LAURENCE P. SULLIVAN 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SULLIVAN, LARRY
Address: 141 STEVENS AVE. SUITE 4

Address: 141 STEVENS AVE., SUITE #7

City-St-Zip: OLDSMAR, FL 34677

Title: DST () Delete
Name: SULLIVAN, LESLIE

Address: 141 STEVENS AVE., SUITE #7

City-St-Zip: OLDSMAR, FL 34677

 Title:
 DV
 () Delete

 Name:
 SULLIVAN, VALERIE

 Address:
 141 STEVENS AVE., SUITE #7

City-St-Zip: OLDSMAR, FL 34677

Title: P (X) Change () Addition
Name: SULLIVAN, LAURENCE P
Address: 141 STEVENS AVE., SUITE #7

City-St-Zip: OLDSMAR, FL 34677

SULLIVAN, LAURENCE P

141 STEVENS

Title: ST (X) Change () Addition

Name: SULLIVAN, LESLIE L

Address: 141 STEVENS AVE., SUITE #7

City-St-Zip: OLDSMAR, FL 34677

Title: V (X) Change () Addition

Name: SULLIVAN, VALERIE J Address: 141 STEVENS AVE., SUITE #7

City-St-Zip: OLDSMAR, FL 34677

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

SIGNATURE: LAURENCE P. SULLIVAN P 04/30/2007