2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P95000000273

Entity Name: TNB, INC.

Current Principal Place of Business:

37 SKYLINE DR., #2106
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

37 SKYLINE DR., #2106
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3283971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOBERING GRAY & LUCZAK, P.A.
201 S. ORANGE AVE.
SUITE 1000
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: BRENT, DAVID
Address: 289 EVANSDALE RD
City-St-Zip: LAKE MARY, FL

Title: D ( ) Delete
Name: BLAINE, JAMES
Address: 2991 TIMPANA PT
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete
Name: BRENT, RENE
Address: 289 EVANSDALE RD
City-St-Zip: LK MARY, FL

Title: V ( ) Delete
Name: ZANGENBERG, DAVID
Address: 592 VIRGINIA
City-St-Zip: LAKE HELEN, FL 32741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID BRENT P 01/05/2004

Electronic Signature of Signing Officer or Director — Date