


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90044 015 ***150.00

DOCUMENT # P95000000273					
1. Entity Name TNB, INC.					
Principal Place of Business 37 SKYLINE DR., #2106 LAKE MARY, FL 32746			Mailing Address 37 SKYLINE DR., #2106 LAKE MARY, FL 32746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3283971	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOBERING GRAY & LUCZAK, P.A. 201 S. ORANGE AVE. SUITE 1000 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name <u>David Brent</u> Street Address (P.O. Box Number is Not Acceptable) <u>289 Evansdale Rd</u> City <u>Lake Mary</u> FL Zip Code <u>32746</u>		
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 <u>David Brent</u> DATE <u>1/05/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BRENT, DAVID <input type="checkbox"/> Delete 289 EVANSDALE RD LAKE MARY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAINE, JAMES <input type="checkbox"/> Delete 2991 TIMPANA PT LONGWOOD, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENT, RENE <input type="checkbox"/> Delete 289 EVANSDALE RD LK MARY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZANGENBERG, DAVID <input type="checkbox"/> Delete 592 VIRGINIA LAKE HELEN, FL 32741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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 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: <u>David Brent</u> <u>1/5/05</u> <u>407-444-6322</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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