## Apr 28, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT 04-28-2004 90234 028 \*\*\*150.00 DOCUMENT # P95000001303 1. Entity Name THUNDER LTD., INC. TAULUBIO Principal Place of Business Mailing Address 479 MEADOWLARK DRIVE C/O PRAGER AND FENTON BIRD KEY 675 THIRD AVE., 9TH FLOOR SARASOTA, FL 34236 NEW YORK, NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0551759 Not Applicable Zip \$8.75 Additional Country Zin Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, BRIAN Street Address (P.O. Box Number is Not Acceptable) 479 MEADOWLARK DRIVE **BIRD KEY** SARASOTA FL 34236 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D ☐ Delete TITLE ☐ Change ☐ Addition TITLE JOHNSON, BRIAN NAME NAME 479 MEADOWLARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Change Addition TITLE Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**