2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P95000016306 Mar 05, 2007 08:00 AN 1. Entity Namo **Secretary of State** TBJ, INC. Principal Place of Business Mailing Address 3704 NARROLINE DR. ORLANDO FL 32818 1745 W OAKRIDGE RD OPLANDO FL 32809 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3299444 City & State City & State Applied For Not Applicable Country Country Zip Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEITZ, TINA L Street Address (P.O. Box Number is Not Acceptable) 3704 NARROLINE DR. ORLANDO FL 32818 City Zip Code 8. The above named onlify 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 i approable (NOTE, Registered Agent signature regulated when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE ☐ Delete IIILE ☐ Change SEITZ, TIÑA L NAME. NAM U00000654301 3704 NARROLINE DR. SINTE LADDRESS STREET ADDRESS 03/13/07-80057-004 150.00 ORLANDO FL 32818 CITY ST-ZIP CITY ST ZIP ☐ Change Addition Defete Ш SEITZ, ROBERT B NAM NAME 3704 NARROLINE DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CEV. ST. ZIP CITY ST 7/P Change ☐ Addition ☐ Delete TITE S ш NAME NAME STREET APPRESS SIRELI ADDRESS CITY ST ZIP CITY ST ZIP 11111 Change ☐ Addition Delete HHE NAME NAMI SHELL ADDITESS STREET ADDRESS CITY SE 7IP CITY SI JIP ☐ Delete IINI ☐ Change Addition THE LE NAME NAMI SIDEFT ADDRESS STREET ADDRESS CITY SE 7IP CHY ST ZIP Change Addition IIILE Delete 11314 NAMI NAME STREET LADORESS STREET ADDRESS CHY-SI RP CITY SE ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or susplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the product of the product of the 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.

BICHING OFFICER OR DIRECTOR

Daytime Phone 8