2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # P95000019869 1. Entity Name TNT IMPORTS, INC. Mailing Address Principal Place of Business 🚉 30 HOLLYWOOD BLVD 30 HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 CR2E034 (10/03) No Chg-P 01202005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3306832 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOYER, TIMOTHY S DO NOT WRITE 159 RAINBOW DRIVE FORT WALTON BEACH, FL 32548 IN THIS SPACE 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. Signature typed or printed name of registion dagent and little if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 U00000325552 10. OFFICERS AND DIRECTORS TITLE MOYER, TIMOTHY S NAME STREET ADDRESS 159 RAINBOW DR. FORT WALTON BEACH, FL 32548 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-21-05 -850-244-2C'
Date Davime Phone #

FILED