2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM DOCUMENT # P95000019869 **Secretary of State** 1. Entity Name TNT IMPORTS, INC. Principal Place of Business Mailing Address 30 HOLLYWOOD BLVD 30 HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 01232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3306832 Not Applicab! \$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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MOYER, TIMOTHY \$ STREET ADDRESS 159 RAINBOW DR. CITY-ST-73P FORT WALTON BEACH, FL 32548 U00000474374 04/04/06-20021-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STRECT ADDRESS DO NOT WRITE CITY-ST-ZIP SILE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trustes empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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