

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050205

Entity Name: THINKBURST MEDIA, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

4588 HWY 20 EAST
SUITE A
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

4588 HWY 20 EAST
SUITE A
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3324035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRI, DANIEL C
4 ELEVENTH AVENUE
SUITE ONE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNIGHTEN, THOMAS T
Address: 1674 PARKSIDE CIR.
City-St-Zip: NICEVILLE, FL 32578

Title: EVPD () Delete
Name: HERMAN, THOMAS C
Address: 4538 SOUTH MINSTER CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: VOLZER, HARVEY J
Address: 3501 WAINSCOTT PLACE
City-St-Zip: WOODBRIDGE, VA 22192

Title: D () Delete
Name: MULFORD, JAMES O
Address: 7079 S GARRISON ST
City-St-Zip: LITTLETON, CO 80128

Title: D () Delete
Name: JOHNSON, JAMES E
Address: 5967 S ZENOBIA COURT
City-St-Zip: LITTLETON, CO 80123

Title: D () Delete
Name: PERRI, DANIEL C
Address: 4 ELEVENTH AVE STE 1
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVPD (X) Change () Addition
Name: HERMAN, THOMAS C
Address: 4538 SOUTH MINSTER CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS T. KNIGHTEN

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date