2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # P97000012644 Apr 22, 2006 8:00 A.M. Secretary of State 1. Entity Name T.N.T. EXTERIORS, INC. Principal Place of Business Mailing Address 7545 BLACK JACK CIRCLE 7545 BLACK JACK CIRCLE NAVARRE, FL 32566 NAVARRE, FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Aft. #, etc. Suite, Apt. #, etc. 04172006 CR2F034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 59-3428176 Not Applicable Zip Country Country \$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 Name TARBOX, TED H Street Address (P.O. Box Number is Not Acceptable) 7545 BLACK JACK CIRCLE NAVARRE, FL 32566 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 Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TS TITLE ☐ Delete TIFLE ☐ Change TARBOX, KATHERINE J Tarbox, Ted H. Jr. NAME STREET ADDRESS 7545 BLACKJACK CIRCLE STREET ADDRESS 9250 Sunset Drive CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP Novorre, FL 32566 TITLE Delete TITLE ☐ Change ☐ Addition TARBOX, TED H NAME NAME STREET ADDRESS 7545 BLACKJACK CIRCLE STREET ADORESS 400074460124 CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP 05/12/06--01005--0/8chang**64.25 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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.