

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000017711

Entity Name: TNT HOLDINGS, INC.

FILED  
Apr 03, 2009  
Secretary of State

## Current Principal Place of Business:

7957 STEEPLECHASE CT  
PORT ST LUCIE, FL 34986

## New Principal Place of Business:

## Current Mailing Address:

7957 STEEPLECHASE CT  
PORT ST LUCIE, FL 34986

## New Mailing Address:

FEI Number: 65-0753663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAND, ANTOINETTE  
7957 STEEPLECHASE CT  
PORT ST LUCIE, FL 34986 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: D ( ) Delete  
Name: MCGRAW, ALISSA  
Address: 4811 SW LONG BAY DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: ALBAUER, SERENA  
Address: 6043 NW WINFIELD DR  
City-St-Zip: PORT ST LUCIE, FL 34986

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: ANTOINETTE RAND

D

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date