2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P99000022336

Entity Name: CB TYRONE RESTAURANT CORP.

Current Principal Place of Business:

KRESS BLDG., SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

KRESS BLDG., SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

C/O ERNEST L. MASCARA, P.A.
475 CENTRAL AVENUE, SUITE M8
ST. PETERSBURG, FL 33701 US

New Mailing Address:

C/O ERNEST L. MASCARA, P.A.
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US

FEI Number: 59-3565855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
KRESS BLDG., STE. M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
KRESS BLDG., STE. 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

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: ERNEST L. MASCARA 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: POWERS, GREGORY
Address: 401 GULF BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 34635 US

Title: VTD ( ) Delete
Name: LODER, GEORGE
Address: 401 GULF BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 34635 US

Title: PSD ( ) Delete
Name: LODER, MATTHEW
Address: 401 GULF BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 34635 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MATTHEW LODER PSD 04/27/2005
Electronic Signature of Signing Officer or Director Date