2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000029776 1. Entity Name TNL GLOBAL, INC. Principal Place of Business Mailing Address 1722-A BIKINI COURT 1722-A BIKINI COURT CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

FILED Apr 26, 2007 08:00 Al Secretary of State



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				04022007 No Chg-	-P CR2E034 (1	11/05)
DO NOT WRITE IN THIS SPACE			⊅ ⊑ .	4. FEI Number 65-0919724		Applied For Not Applicable
				5. Certificate of Status Des		75 Additional
6. Name and Address of Current Registered Agent			 		F 00 I	Required
MORECRAFT, TIMOTHY S 1722-A BIKINI COURT CAPE CORAL, FL 33904			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	d office or register	ed agent, or both, in the State	of Florida. I am famili	iar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME	PTD PRICE, N E		``			
STREET ADDRESS CITY-ST-ZIP	POST OFFICE BOX 101391	.,	en green a			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPE CORAL, FL 33910 VPSD MORECRAFT, TIMOTHY S POST OFFICE BOX 101391 CAPE CORAL, FL 33910				0000733042 707-80067 - 02	5 150.00
TITLE						
NAME STREET ADDRESS CITY-ST-ZIP		_		DO NOT	WRITE	
TITLE NAME		·	, a .	IN THIS	SPACE	
STREET ADDRESS						
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STREET ADDRESS CITY-ST-ZIP						,
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CITY-ST-ZIP						6.

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO