


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90072 044 \*\*\*150.00

<b>DOCUMENT # P99000083525</b> 1. Entity Name <b>TCT NETWORKS CORPORATION</b>					
Principal Place of Business <b>6425 SHORELINE DR #10501 SAINT PETERSBURG, FL 33708</b>			Mailing Address <b>6425 SHORELINE DR #10501 SAINT PETERSBURG, FL 33708</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>59-3603403</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>GROVE, UTA S. ESQ. 2451 MCMULLEN BOOTH RD SUITE #231 CLEARWATER, FL 33759</b>				7. Name and Address of New Registered Agent Name <b>(SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>ONE PROGRESS PLAZA</b> <b>SUITE 1210</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33731</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TIEDEMANN, HANS-JURGEN</b> <b>399 150TH AVE N #209</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Hans-J. Tiedemann</i></u> <b>HANS-J. TIEDEMANN, DIRECTOR</b> 02/21/05      (227) 398-7663		