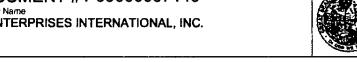
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000097149 1. Entity Name TL ENTERPRISES INTERNATIONAL, INC.

FILED Apr 09, 2007 08:00 Al Secretary of State

\$8.75 Additional

Fee Required



Principal Place of Business 11536 TEE TIME CIRCLE **NEW PORT RICHEY, FL 34654** Mailing Address

11536 TEE TIME CIRCLE **NEW PORT RICHEY, FL 34654**



| | \sim 1 | IOT | WD | ite i | isi T i | ue c | ·DA | `F | 02192007. | No Chg-P | CR2E034_(11 | /05) | |
|--------|----------|-----|-----|-------|--------------------|-------|-----|----------|-------------|----------|-------------|--------|-----------|
| U | UT | YUI | AAK | | IN TH | 119.5 | PAI | <i>-</i> | 4. FEI Numb | per | | Applie | d For |
| :::::: | 77.3 | | | | | | | | 59-361 | 10554 | | Not Ap | pplicable |

6. Name and Address of Current Registered Agent

FERNANDEZ, KRISTOPHER E ESQ. 307 S. BLVD.,STE.D **TAMPA, FL 33606**

SIGNATURE:

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

| the obligations of registered agent. | | | | | | | | | | |
|--|---|--|--|--------------------------------|------------|--|--|--|--|--|
| SIGNATURE | | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | | | | |
| 10. | OFFICERS AND DIREC | OTORS | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUCKIE, THORNTON C 11536 TEE TIME CIRCLE NEW PORT RICHEY, FL 34654 | | | | | | | | | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | | DO | NOT WRITE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZEP | | | | IN : | THIS SPACE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | | | | | | | |
| TITLE NAME STREET ADDRESS 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. | | | | | | | | | | |

President

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