

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 666032

FILED
May 21, 2006
Secretary of State

Entity Name: TIE TECHNOLOGIES, INC.

Current Principal Place of Business:

122 EAST 42ND STREET, STE. 2900
NEW YORK, NY 10168 US

New Principal Place of Business:

Current Mailing Address:

122 EAST 42ND STREET, STE. 2900
NEW YORK, NY 10168 US

New Mailing Address:

FEI Number: 75-2792660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CPS () Delete
Name: BOONEN, PETER
Address: 3940 FREEDOM CIRCLE, SUITE 109
City-St-Zip: SANTA CLARA, CA 95054 US

Title: VTD () Delete
Name: NICHOLS, CHRIS
Address: 122 EAST 42ND STREET, STE. 2900
City-St-Zip: NEW YORK, NY 10168 US

Title: D () Delete
Name: EVANS, BARRY L
Address: 101 E. PARK BLVD., STE. 711
City-St-Zip: PLANO, TX 75074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CS (X) Change () Addition
Name: BOONEN, PETER
Address: 3940 FREEDOM CIRCLE, SUITE 109
City-St-Zip: SANTA CLARA, CA 95054 US

Title: PTD (X) Change () Addition
Name: NICHOLS, CHRIS
Address: 122 EAST 42ND STREET, STE. 2900
City-St-Zip: NEW YORK, NY 10168 US

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 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: CHRISTOPHER NICHOLS

PTD

05/21/2006

Electronic Signature of Signing Officer or Director

Date