## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004232

Entity Name: TANDY LEATHER COMPANY, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	NAISSANCE AS, NV 89119	DRIVE, STE. 10			
Current Mailing Address:			New Mailing Address:		
	NAISSANCE AS, NV 89119	DRIVE, STE. 10			
FEI Number	: 88-0481095	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	JUDI MA AVENUE, PARK, FL 32				
	named entity e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C ( THOMPSON, 2803 WOODV ARLINGTON,	VIND DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MORGAN, RC	AVASU COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT ( GREENE, SH, 3800 FALCON ARLINGTON,	I LAKE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( MORGAN, RO 7200 LAKE H ARLINGTON,	BIN L AVASU COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( WARREN, WI 4420 W VICK FORT WORT	ERY BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: SHANNON L GREENE TREA 01/09/2006