2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # F29814 04-25-2005 90267 041 ***150.00 TARA MANAGEMENT, INC. Principal Place of Business Mailing Address 6685 FOREST HILL BLVD 6685 FOREST HILL BLVD SUITE 205 SUITE 205 WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 2. Principal Place of Business 1300 COFFORATE CENTERWA 3. Mailing Address 11300 CORBRATE CENTER WAY Suite, Apt. #, etc 01102005 CR2E034 (10/03) <u>20 2</u> City & State 4. FEI Number Applied For FLORIDA 701717020Y DELLINGTON 59-2088904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINLAN, DENIS Street Address (P.O. Box Number is Not Acceptable) 12620 SUNNYDALE DRIVE WELLINGTON, FL 33414 City Zip Code FI 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE □ Delete TITLE ☐ Change ☐ Addition NAME QUINLAN, DENIS NAME STREET ADDRESS 12620 SUNNYDALE DRIVE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE Delete TITLE Change Addition QUINLAN, SANDRA R NAME NAME STREET ADDRESS 12620 SUNNYDALE DRIVE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change ☐ Addition QUINLAN, JENNIFER A NAME NAME STREET ADDRESS 10590 LAKE SHORE DRIVE STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE □ Change Addition QUINLAN, PATRICK S NAME NAME 7319 73RD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Thereby 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.

FILED