## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000119185

Entity Name: TAT NAY LIN, INC.

FILED Jan 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4432 WEST SHANNON LAKE DRIVE 4432 WEST SHANNON LAKES DRIVE

TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309

**Current Mailing Address: New Mailing Address:** 

4432 WEST SHANNON LAKE DRIVE 4432 WEST SHANNON LAKES DRIVE

TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309

FEI Number: 56-2323903 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIN, NAY 1900 CENTRE POINT BLVD #179

TALLAHASSEE, FL 32308 US

LIN, NAY 4432 WEST SHANNON LAKES DRIVE TALLAHASSEE, FL 32309

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: NAY LIN 01/03/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

Name: LIN, NAY Name: LIN, NAY Address:

1900 CENTRE POINT BLVD, #179 4432 WEST SHANNON LAKES DRIVE Address:

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32309

Title: Title: () Delete (X) Change ( ) Addition

AYE, LWIN L AYE, LWIN L Name: Name:

1900 CENTRE POINT BLVD, #179 Address: 4432 WEST SHANNON LAKES DRIVE Address:

City-St-Zip: TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32309 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 Statutés. 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: NAY LIN D 01/03/2006