


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000013486 1. Entity Name TALLEY & PERRY VENTURES, INC.	
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Principal Place of Business 201 CAMPBELL ROAD FT. PIERCE FL 34945	Mailing Address 201 CAMPBELL ROAD FT. PIERCE FL 34945
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 72-1547397
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**ZAHARAKO, DOROTHY
8821 CAMPBELL ROAD
FT PIERCE FL 34945**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P. O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALLEY, JOHN 201 CAMPBELL ROAD FT PIERCE FL 34945	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/> UN0000449868 03/09/06-80066-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERRY, CHARLES A III 403 W. COKER RD FORT PIERCE FL 34945	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TALLEY, JOHN 201 CAMPBELL RD FORT PIERCE FL 34945	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: John Talley Date: 2-22-06 Telephone # 72-466-72