


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 403685
 1. Entity Name
TIKI RENTALS, INC.



Principal Place of Business
THE PEARL OF NAVARRE BEACH
8499 GULF BEACH BLVD., #804
NAVARRE BEACH, FL 32566

Mailing Address
P.O. BOX 610
NEWLAND, NC 28657



03072006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1282096 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BUTLER, PHIL
3583 N.W. 9TH AVENUE
FT. LAUDERDALE, FL 33309

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, BRUCE H 157 WILD TURKEY LN NEWLAND, NC 28657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAMES, PEGGY M 157 WILD TURKEY LN NEWLAND, NC 28657
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 03/28/06-80016-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Peggy M James 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #