## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 466795** 

FILED Feb 08, 2006 Secretary of State

Entity Name: TOMARK ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	ERAL HWY ALE, FL 3300	9 US			
Current Mailing Address:			New Mailing Address:		
1801 S. OC #308		2 110			
	OD, FL 3301		EEI Number Not Applicable ( )	Contilinate of Status Basinad ( )	
FEI Number:		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:					
PALACIOS 1801 S. OC #308 HOLLYWO		9 US			
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PALACIOS, EL 1801 S. OCEAI HOLLYWOOD, VPD ( PALACIOS, RA 5100 SW 167	N DR. #308 FL 33328 ) Delete UL E II		(X) Change () Addition ELSA M., EAN DR. #308 DD, FL 33019 () Change () Addition	
Title: Name: Address: City-St-Zip:	TD ( )	) Delete CHARD E N COVE CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	MANNING, MOI	) Delete NIQUE EST OAK CIRCLE	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: MONIQUE MANNING 02/08/2006 S

**DAVIE, FL 33325** 

City-St-Zip: