



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 543061 1. Entity Name TALIA ENTERPRISES, INC.			FILED 05 APR 26 AM 7:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 11635 NW 1ST AVE GAINESVILLE, FL 32607		Mailing Address 11635 NW 1ST AVE GAINESVILLE, FL 32607	
DO NOT WRITE IN THIS SPACE		 01182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1846419	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CURTIS, JOHN M 11635 NW 1ST AVE GAINESVILLE, FL 32607		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		DO NOT WRITE IN THIS SPACE	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	STD		
NAME	CURTIS, JOHN		
STREET ADDRESS	11635 NW 1ST AVE		
CITY-ST-ZIP	GAINESVILLE, FL 00000,		
TITLE	PD		
NAME	PICKETT, PHILIP G		
STREET ADDRESS	405 LAW ST		
CITY-ST-ZIP	BROOKSVILLE, FL 00000,		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby 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, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		John M. Curtis 04/25/05 Secretary/Treasurer/Director 352-332-0838 <small>Date Daytime Phone #</small>	