


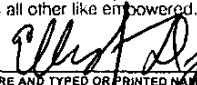
2006
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90114 038 ***150.00

40004872

DO NOT WRITE IN THIS SPACE

DOCUMENT # 711888			
1. Entity Name TAMARAC ENTERPRISES INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business % ELLIOT D STEIN, CPA Suite, Apt. #, etc. 2131 HOLLYWOOD BLVD., # 505 City & State HOLLYWOOD, FL Zip 33020 Country USA		3. Mailing Address % ELLIOT D STEIN, CPA Suite, Apt. #, etc. 2131 HOLLYWOOD BLVD., # 505 City & State HOLLYWOOD, FL. Zip 33020 Country USA	
4. FEI Number 59-1234012		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name ELLIOT D. STEIN CPA Street Address (P.O. Box Number is Not Acceptable) 2131 HOLLYWOOD BLVD., #505 City HOLLYWOOD FL Zip Code 33020			
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - - - WILLIAM A MORSE 2131 HOLLYWOOD BLVD., #505 HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD - - - ELLIOT D STEIN 2131 HOLLYWOOD BLVD., #505 HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - - - - - SHERRY KALINOSKI 2131 HOLLYWOOD BLVD., #505 HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  ELLIOT D. STEIN		1/19/06 954920-5300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)